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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N29550

(3)

SV/SOUTH FLORIDA PROPERTIES, INC.

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97 SEP 29 AM 7:50

SECRETARY OF STATE TALLAMASSEE, FLORIDA



Principal Place of Business	Mailing Address			
B W. SRD STREET 400 WINSTON-SALEM NC 27101 US	P.O. BOX 20425 WINSTON SALEM NC 27120-0425 US		3. Date Incorporated or Qualified 12/05/1988	3a. Date of Last Report 04/25/1996
2. Principal Place of Business 21 6000 Meadowbrook Mall	2a. Mailing Address 26 P.O. Box 1724		4. FEI Number 58-1819338	Applied For Not Applicable
Sulte, Apt. #, etc. 22 Suite 25	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Clemmons, N.C.	City & State 28 Clemmons, N.C.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 27012 25 USA	<u> </u>	untry JSA	This corporation has liability for in Fiorida Statutes	ntangible tax under s. 199.032, Yes 🔼 No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name 82 Street Addre 83	Street Address (P.O. Box Number is Not Acceptable)	
4		84 City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ol>	2 and 617.1508, Florida Statutes, the a of Florida. Such change was authorize ations of, Section 617.0503, Florida Sta	bove-named corporation to the corporation to the corporation tutes.	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE				

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. D Secretary DELETE Change Addition TITLE 1.1 TITLE MCGEE, LAWRENCE U NAME 1.2 NAME Barton Tiffany 8333 SILAS CREEK PKWY STREET ADDRESS 1.3 STREET ADDRESS 3520 Triad Ct. Winston-Salem, N.C. 2710 WINTON-SALEM NC CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Peggy L. Miller SHORE, EDNA S NAME 2.2 NAME 4400 SILAS CREEK PKWY 6000 Meadowbrook Mall, Suite 8 STREET ADDRESS 2.3 STREET ADDRESS WINSTON-SALEM NO 2.4 CITY-ST-ZIP Clemmons, NC 27012 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 300002309363---3 NAME DEHNERT, JR E.F. 3.2 NAME -10/01/97---01109---012 200 S COLLEGE ST STREET ADDRESS 3.3 STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 CHARLOTTE NO CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE D-President X Change Addition TITLE 4.1 TITLE WATERS BRETT L Brett Waters NAME 4. 2 NAME 8334 HEALY DR 3334 Healy Drive 4.3 STREET ADDRESS STREET ADDRESS WINSTON-SALEM NO Winston-Salem, NC CITY-ST-ZIP 4.4 CITY - ST- ZIP **K**] **D**ELETE 5.1 TITLE Change Addition TITLE ďas CRAVEN, PERRY C. NAME 5.2 NAME 8 WEST 3RD STREET, SUITE 400 5.3 STREET ADDRESS STREET ADDRESS WINSTON-SALEM NC CITY-ST-ZIP 5.4 CITY-ST-ZIP 50 - 30 - 9 7 Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Brett Waters