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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra A. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34611** (6)

1. Corporation Name

LOST TREE UTILITIES CORPORATION

Principal Place of Business

Mailing Address

**W. J. RICHARD HARRIS
11237 VILLAGE RD.
N. PALM BEACH FL 33408**

**11237 VILLAGE RD.
N. PALM BEACH FL 33408
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1989	3a. Date of Last Report 06/06/1996
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	4. FEI Number 59-1577912	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERRLE, TED S
11237 VILLAGE RD.
N. PALM BEACH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETE	1.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		1.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		1.3 STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETE	2.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		2.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		2.3 STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETE	3.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		3.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		3.3 STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETE	4.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		4.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		4.3 STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETE	5.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		5.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		5.3 STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETE	6.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		6.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		6.3 STREET ADDRESS	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.

CR2E037 (9/96)