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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40290 (1) 1. Corporation Name THE DEPAUL BUILDING CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 1801 BARRS STREET SUITE 5747 JACKSONVILLE FL 32204		Mailing Address 1801 BARRS STREET SUITE 5747 JACKSONVILLE FL 32204-732	
2. Principal Place of Business 21		2a. Mailing Address 26 1325 San Marco Blvd.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Suite 902	
City & State 23		City & State 28 Jacksonville, FL	
Zip 24		Zip 29 32207	
Country 25		Country 30 USA	
9. Name and Address of Current Registered Agent HARVEY GRANGER 1301 RIVERPLACE BLVD, STE.1700 STE. 5747 JACKSONVILLE FL 32207			
10. Name and Address of New Registered Agent 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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE PD <input type="checkbox"/> DELETE 1.2 NAME CANTRELL, HEYWARD M. 1.3 STREET ADDRESS 1801 BARRS ST., #935 1.4 CITY - ST - ZIP JACKSONVILLE FL 2.1 TITLE D <input type="checkbox"/> DELETE 2.2 NAME LOGUE, JACK 2.3 STREET ADDRESS 1800 BARRS STREET 2.4 CITY - ST - ZIP JACKSONVILLE FL 3.1 TITLE SDT <input type="checkbox"/> DELETE 3.2 NAME BUSSIA, LINDA F 3.3 STREET ADDRESS 1801 BARRS ST., #935 3.4 CITY - ST - ZIP JACKSONVILLE FL 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Kenneth C. Perry 1.3 STREET ADDRESS 1325 San Marco Blvd., Suite 902 1.4 CITY - ST - ZIP Jacksonville, FL 32207 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE STD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Jack McHerron 3.3 STREET ADDRESS 1800 Barrs Street 3.4 CITY - ST - ZIP Jacksonville, FL 32204 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 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.			
SIGNATURE: Kenneth C. Perry President, 3-18-97 904-202-5118 Kenneth C. Perry Date Daytime Phone 0004521			

CR2E037 (9/96)