

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000004031 (0)

1. Corporation Name
SUNTREE SQUARE, INC.



Principal Place of Business
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

Mailing Address
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

3. Date Incorporated or Qualified 11/12/1992 3a. Date of Last Report 04/04/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0373493	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFELE, DALE G
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	212 E. 3RD ST., SUITE 300	1.2 NAME	
STREET ADDRESS	CINCINNATI OH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	212 E. 3RD ST., SUITE 300	2.2 NAME	
STREET ADDRESS	CINCINNATI OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	5240 LESTER RD., #200	3.2 NAME	
STREET ADDRESS	CINCINNATI OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME	12995 S. CLEVELAND AVE., #214	4.2 NAME	
STREET ADDRESS	FT MYERS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE G HAFELE

Date

Daytime Phone #

4/25/96 941-278-1121

CR2E034 (12/95)