

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 # **P93000039969 (9)**

1. Corporation Name

DE MORGAN PROPERTIES, INC.



Principal Place of Business

Mailing Address

**1001 NORTH U.S. HIGHWAY ONE
SUITE 601
JUPITER FL 33477**

**1001 NORTH U.S. HIGHWAY ONE
SUITE 601
JUPITER FL 33477**

2. Principal Place of Business

2a. Mailing Address

21 **6421 Congress Ave**
22 **112**
23 **BOCA RATON FL**
24 **33487** 25 **P.B.**

26 **6421 Congress Ave**
27 **112**
28 **BOCA RATON, FL**
29 **33487** 30 **P.B.**

3. Date Incorporated or Qualified
05/28/1993

3a. Date of Last Report
05/01/1995

4. FET Number
65-0457344

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BARWICK, ROBERT D.
1001 NORTH U.S. HIGHWAY ONE
SUITE 601
JUPITER FL 33477**

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 of person filing this report (Typed name and title)

Signature of Officer or Director (Typed name and title)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> DELETE
NAME	BARWICK, ROBERT D.	
STREET ADDRESS	1001 N. US HWY. ONE, #601	
CITY - ST - ZIP	JUPITER FL	
TITLE	VPFT	<input type="checkbox"/> DELETE
NAME	WILLS, TRACY M	
STREET ADDRESS	1001 N. US HWY. ONE, #601	
CITY - ST - ZIP	JUPITER FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CARTER, WILLIAM J.	
STREET ADDRESS	1001 N. US HWY. ONE, #601	
CITY - ST - ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

500001817619
-05/13/96--01012--018
*****200.00**

SIGNATURE:

Tracy M Wills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 **(407)241-9940**
SG 5-1-96

CR2E034 (12/95)