

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000041695 (6)**

1. Name of Corporation
SOUTH VOLUSIA PROPERTIES, INC.



2. Principal Office
P.O. BOX 838
TAMPA FL 33601-0838

3. Mailing Office
P.O. BOX 838
TAMPA FL 33601-0838

21	22	23	24	25	26	27	28	29	30
2a. Mailing Address	2b. Mailing Address	2c. Mailing Address	2d. Mailing Address	2e. Mailing Address	2f. Mailing Address	2g. Mailing Address	2h. Mailing Address	2i. Mailing Address	2j. Mailing Address

9. Name and Address of Current Registered Agent

**LAU, MARY A
100 S. ASHLEY DR.
SUITE 1700
TAMPA FL 33602**

3. Date incorporated or Qualified: **06/07/1993** 3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-3186978** Applies 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. 199.02, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. I, the undersigned, being a qualified officer or director of the corporation, do hereby certify that the information furnished on this form is true and correct. I am a resident of the State of Florida and am authorized by the corporation's board of directors to execute this form and to accept the appointment as registered agent. I am a resident of the State of Florida and am authorized by the corporation's board of directors to execute this form and to accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>D <input type="checkbox"/> OFFICER</p> <p>LAU, JAMES V P O BOX 838 N/A TAMPA FL 33601</p> <p>D <input type="checkbox"/> OFFICER</p> <p>MCCREADIE, DAVID W P O BOX 838 N/A TAMPA FL 33601</p> <p>D <input type="checkbox"/> OFFICER</p> <p>CONLEY, TIMOTHY C P O BOX 838 N/A TAMPA FL 33601</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I, the undersigned, being a qualified officer or director of the corporation, do hereby certify that the information furnished on this form is true and correct. I am a resident of the State of Florida and am authorized by the corporation's board of directors to execute this form and to accept the appointment as registered agent. I am a resident of the State of Florida and am authorized by the corporation's board of directors to execute this form and to accept the appointment as registered agent.

SIGNATURE: *James V Lau* **James V Lau** 1-19-96 (813) 229-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)