

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 SEP 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000042766
1. Corporation Name
Treasure Coast Real Estate, Inc.

Principal Place of Business Mailing Address
28 NAVA Suite #1
Ft. Pierce, FL 34946

2. Principal Place of Business 21 28 NAVA Suite, Apt. #, etc. 22 Suite #1 City & State 23 Ft. Pierce, FL Zip 24 34946	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 St. Lucie Country 30	3. Date Incorporated or Qualified 6/93	3a. Date of Last Report 4/96	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kathryn Parr
4949 NAVA Unit 22
Ft. Pierce, FL 34949

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 800002307048--7
83	-09/29/97--01183--013
84 City	****550.00 ****550.00 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 in Section 607.0505, Florida Statutes.

SIGNATURE Kathryn R. Parr

8/17/97

Signature typed or printed name of registered agent and the fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE President NAME Kathryn Parr STREET ADDRESS 4949 NAVA Unit 22 CITY-ST-ZIP Ft. Pierce, FL 34949	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE Charles E. Wickert, Secretary NAME P.O. Box 3151 N/A STREET ADDRESS Ft. Pierce, FL 34949	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles E. Wickert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/97 (361) 989-6015
Date Daytime Phone #

CR2E034 (9/96)