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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000049749 (3)

**1. Corporation Name
SOUTH FLORIDA RETAIL GROUP, INC.**



**Principal Place of Business Mailing Address
1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957
1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957-4404**

3. Date Incorporated or Qualified 07/12/1993
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0424669
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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **25** Country **28** Zip **30** Country

9. Name and Address of Current Registered Agent
**MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURTY, TIMOTHY J	
STREET ADDRESS	1633 PERIWINKLE WAY SUITE A	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURTY, PATRICIA J	
STREET ADDRESS	1633 PERIWINKLE WAY SUITE A	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUKOL, NANCY H	
STREET ADDRESS	1714 BUNTING LANE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUKOL, GORDON J	
STREET ADDRESS	1714 BUNTING LANE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy J. Murty* **TIMOTHY J. MURTY, Secretary** 4/21/97 9414721000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)