

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000058550 (3)

1. Corporation Name
GATOR ACRES, INC.



Principal Place of Business: 2250 N.E. 163RD STREET SUITE 6 N. MIAMI BEACH FL 33160
 Mailing Address: 2250 N.E. 163RD STREET SUITE 6 N. MIAMI BEACH FL 33160

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date incorporated or Qualified: 08/19/1993
 3a. Date of Last Report: 04/17/1995
 4. FEI Number: 65-0436489
 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 []

9. Name and Address of Current Registered Agent

**GOLDSMITH, JAMES
 2250 NE 163 ST
 S6
 N MIAMI BCH FL 33160**

10. Name and Address of New Registered Agent

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 607.1506, 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

11/8/96

[Handwritten signature/initials over Block 12]

12. OFFICERS AND DIRECTORS

1	0	<input type="checkbox"/> DELETE
TITLE	GOLDSMITH, JAMES A	
NAME	2250 NE 163RD STREET, SUITE 6	
STREET ADDRESS	N. MIAMI BEACH FL 33160	
CITY- ST- ZIP		
2		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
3		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
4		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
5		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
6		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	
13	
14	
21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	
23	
24	
31	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	
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34	
41	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	
43	
44	
51	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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61	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing was 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 in an attachment with an address.

SIGNATURE: James A. Goldsmith 1-18-96 305-949-9049
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEP (Last Name, Phone #)

CR2E034 (12/95)