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May 15 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 # P93000083149 (3)

1. Corporation Name
INDIAN TRAIL APARTMENTS, INC.

Principal Place of Business
25 WALTER MARTIN ROAD NE
FT WALTON BEACH FL 32548

Mailing Address
P O BOX 99
DESTIN FL 32540-0099
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1993		3a. Date of Last Report 05/01/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-3212592		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD NE FT WALTON BEACH FL 32548				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				FL			

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

Sign the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVS	DELETE	1.1 TITLE	Change	Addition		
NAME	GRIMSLEY, JAMES W		1.2 NAME				
STREET ADDRESS	25 WALTER MARTIN ROAD NE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT WALTON BEACH FL		1.4 CITY-ST-ZIP				
TITLE	DP	DELETE	2.1 TITLE	Change	Addition		
NAME	BONEZZI, ROBERT A		2.2 NAME				
STREET ADDRESS	P O BOX 99 N/A		2.3 STREET ADDRESS				
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP				
TITLE	DT	DELETE	3.1 TITLE	Change	Addition		
NAME	COBB, HENRY H JR		3.2 NAME				
STREET ADDRESS	P O BOX 131209 N/A		3.3 STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change	Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change	Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change	Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, upon an agreement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. BONEZZI 4/25/97 8371637

Date Daytime Phone

CR2E034 (9/96)