

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000088599 (4)**

1. Corporation Name
SOUTHERN PROPERTIES/TREASURE COAST, INC.



Principal Place of Business: **1540 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957**
Mailing Address: **1540 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1993		3a. Date of Last Report 01/25/1995	
21		26		4. FEE Number 65-0457842		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. 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				10. Name and Address of New Registered Agent			
ADAMS, FAYE B 3900 N.E. CHERI DRIVE JENSEN BEACH FL 34957				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when replacing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, FAYE B	2. NAME	ADAMS, FAYE B
STREET ADDRESS	3900 N.E. CHERI DRIVE	3. STREET ADDRESS	3900 NE CHERI DRIVE
CITY-ST-ZIP	JENSEN BEACH FL 34957	4. CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	<input type="checkbox"/> DELETE	2. TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	ADAMS, MICHAEL J
STREET ADDRESS		2.3 STREET ADDRESS	2559 NE NARIAN STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JENSEN BEACH FL 23957
TITLE	<input type="checkbox"/> DELETE	3. TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ADAMS, JORDAN E, III.
STREET ADDRESS		3.3 STREET ADDRESS	3900 NE CHERI DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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 on an attachment with an address.

SIGNATURE: *Faye B. Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 1996 (407)334-7001

CR2E034 (12/95)