05-06-2002 90266 008 ***150.00

DOCUMENT # P93000088599 1. Entity Name SOUTHERN PROPERTIES/TREASURE COAST, INC. Principal Place of Business Mailing Address 1540 N.E. JENSEN BEACH BLVD. 1540 N.E. JENSEN BEACH BLVD.

JENSEN BEACH PL 34957		JENSEN BEACH 71 34957			•		
2. Principal I	Place of Business B. N.E. INOIAN RIVER DE	3. Mailing Address	INIAAL RIVE	so No	1 1801/180 1 1 13 (8/81 14/8) 00 // 00 // 1	ENIKI MBIBI TANBI INKBI BINCA	
Suite, Apt. #, etc. Suite, Apt. #			8 NE-INDIAN RIVER DR		DO NOT WRITE IN THIS SPACE		
City & Sta			4 FELAkurahan		antical Fac		
JENSE Zip	N Betti, Fz.	JENSEN BEACH (2.			65-0457842 Not App		ot Applicable
3 49		34957	Country S. A	•	5. Certificate of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current Re	egistered Agent	Name	7	Name and Address of New Reg	istered Agent	
ADAMS, 3900 N.P. JENSEN	Michael J. Hdams Street Address (P.O. Box Number is Not Acceptable) 3418 N. E. TNOIAN RIU. DR.						
			City	NSEN	N BEACH	FL Zig Co	57
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office o	r registered	agent, or both, in the State of Florid	la.	
0.00	-touch (71 /	<i>'</i>		4/0	1/2002	
SIGNATURE \$	Signature, typed continued name of registered agent and	title if applicable. (NOTE	: Registered Agent signal	ure required whe	en reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 200 Make Check Payable				550.00	10. Election Campaign Finan Trust Fund Contribution.	, , , ,	00 May Be
11.	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, FAYE B 3900 N.E. CHERI DRIVE JENSEN BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAM 3418 /	IS MICHAEL I, W.E INDIAN RIV. DA EN BEACH FL 30	Æ:Change ? 4957	Addition
TITLE	VD	Delete	TITLE	VD		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, MICHAEL J. 2559 NE MARIAN ST JENSEN BCH FL		NAME STREET ADDRESS CITY-ST-ZIP	ADAn 3400	NE CHERI DR. EN BEACH FI	34957	
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of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address.	ie and accurate and that m ered to execute this report a	y signature shall hi is required by Cha	ave the sam	ie legal effect as if mede under oath	that I am an officer.	or director

SIGNATURE: