

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012181 (1)

1. Corporation Name
TREE HOUSE PROPERTIES, INC.

Principal Place of Business Mailing Address
1572 LEBARON AVE. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/14/1994
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **1543 Kingsley Avenue** 26 **1565 LE BARON Avenue**
22 **Bldg 1-A** 27 Suite, Apt. #, etc.
23 **ORANGE PARK, FL** 28 **Jacksonville, FL**
24 **32073** 25 **CLAY** 29 **32207** 30 **Duval**

4. FEI Number 59-3224093 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRANT MOORE SAPP MACDONALD & WELLS P.A.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (Name, Address and Signature typed when necessary)

12. OFFICERS AND DIRECTORS

111 TITLE	D
112 NAME	MUZAUURIETA, AURELIO A
113 STREET ADDRESS	1572 LEBARON AVE
114 CITY - ST - ZIP	JACKSONVILLE FL 32207
121 TITLE	
122 NAME	
123 STREET ADDRESS	
124 CITY - ST - ZIP	
131 TITLE	
132 NAME	
133 STREET ADDRESS	
134 CITY - ST - ZIP	
141 TITLE	
142 NAME	
143 STREET ADDRESS	
144 CITY - ST - ZIP	
151 TITLE	
152 NAME	
153 STREET ADDRESS	
154 CITY - ST - ZIP	
161 TITLE	
162 NAME	
163 STREET ADDRESS	
164 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME	
113 STREET ADDRESS	1565 LE BARON AVENUE
114 CITY - ST - ZIP	JACKSONVILLE, Florida 32207
121 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 NAME	
123 STREET ADDRESS	
124 CITY - ST - ZIP	
131 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
132 NAME	
133 STREET ADDRESS	
134 CITY - ST - ZIP	
141 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
142 NAME	
143 STREET ADDRESS	
144 CITY - ST - ZIP	
151 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
152 NAME	
153 STREET ADDRESS	
154 CITY - ST - ZIP	
161 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
162 NAME	
163 STREET ADDRESS	
164 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)(b), Florida Statutes. I further certify that the information included 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 its agent, or of 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: **AURELIO A. MUZAUURIETA, PRES/DX.** 1/16/95 (904) 631-2669
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR