FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064672 (6)

STEVEN GODWIN PROPERTIES, INC. Principal Place of Business Mailing Address 120 \$ ALÇANIZ ST. PENSACOLA FL 32501 US 120 \$ ALÇANIZ ST PENSACOLA FL 32501-6010 US					
				3. Date Incorporated or Qualified 09/01/1994	3a. Date of Last Report 04/05/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3368349	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ 5:51	Country	8. This corporation has liability for i	
24	9. Name and Address of Current	29 Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
DDI		negratered Agent	81 Name I		
	JMMOND, PAULA G S Alcaniz St		l l ··································	1. KEITH WE	115
	SACOLA FL 32501		82 Street Addr	ess (P.O. Box Number is Not Acceptab	e, St
PEN	BACOLA FE SZSUT		83	WEST CONTACT	<u>es </u>
			84 City	USACOLA	FL 85 7ip Code 32 50 1
11. Pursuant office or r agent. La	to the provisions of Sections 607 0502 egistered agont, or both, in the State or familiar with, and accept the object.	and 607.1508, Florida Statu Florida Such change was ons J. Sction 10505, F	les, the above-named corp authorized by the corporat lorida Statutes.	poration submits this statement for the prion's board of directors. I hereby acception	urpose of changing its registored it the appointment as registored
SIGNATURE	1/18/20	V holl		K/25	197
			11 Registered Agent signature requi		DATE
12.	OFFIO(RS AND	DIRECTORS DELITE	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	GODWIN, STEVEN M		1.1 1011		Change Addition
NAME	215 E. 58TH STREET, 5TH FLOO	ጎው	1.2 NAME.		
STREET ADDRESS	NEW YORK NY	UN .	1.3 STREET ADORESS		
CITY-ST-ZIP TITLE	NEW TOTAL IT	DELETE	1.4 CITY - ST - 7IP 2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	2. 4 C/TY - S1 - Z/P 3.1 T/TLE		Change Addition
NAME		•—	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. Criy-Si - Zip		
TITLE		DELETE	4.1 TITLE	······································	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - 7IP		
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	E 1 YILLE		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF TID			6.4.0HW 61, 202		

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 eath; 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.

CIONATUDÀ!

man (asdia)

4.14.52

FILED

May 01 1997 8:00am

Secretary of State