## 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

**FILED** 

Apr 29 1997 8:00am

Secretary of State

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## POCUMENT # P9400083834 (9)

TANGERINE GULFSTREAM PROPERTIES, INC.

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Principal Plac		SS		Mailing Address						a camicam tia chick defici da		<b>                                    </b>	11101 18103	HAM BERF COR	,
2033 MAIN ST. SUITE 101				7800 BAYBERRY RD JACKSONVILLE FL 32256-6856											
SARASOTA FL	34237		JAC US												
									3.	Date Incorporated or C	ualified		te of Last 01/199		
2. Principal P	lace of Busi	ness	20. 1	Mailing Address						FEI Number		1 00/			
21				26					"	59-3288633			<b></b>	Applied Fo	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					<del></del>					Not Applic  Addition	
22				27					5.	Certificate of Status Do	sired	K)		Required	aı
City & State				City & State					6.	Election Campaign Fina	encino		\$5.0	O May Be	
23			28	28					Trust Fund Contribution	-			d to Fees	,	
Zip	Country			Z-p Cou			intry			This corporation has lia	bility for i	ntangible	tax under	£. 199.03	2,
24	25		29	30						Florida Statutes Yes No					
		and Address of Cur	rent Registe	red Agent	····			<del></del> -	10.	. Name and Address of	New Re	gistered A	gent		
	LERTON, I					81	N	larne							
7800 BAYBERRY RD							S	treet Add	lress (F	P.O. Box Number is Not.	Acceptab	le)			
JAC	KSONVILL	E FL 32258					ļ				·				
	•					83									
						84	Ĉ	ity				<b>i</b> — i	<b>85</b> Zi	p Code	
44 Directors	to the evenie	iona al Costiana COZ	0000 1007	1000 600000 0000	1		<b></b>					FL	لللل		
office or r	egi <b>ste</b> red ag	gent, or both, in the St	ate of Florida	. 1508, Florida Stati . Such change was	otes, the s author	e above rized by	e-na 7 the	amed cor e corpora	poratio ition's E	on submits this statement board of directors. I here	. for the p by accer	urpose of It the appo	changing ointment a	j its registe as reaister	erod od
agent. I a	m familiar w	ith, and accept the of	oligations of, S	Section 607.0505, F	Florida 9	Statutes	8.	,							
SIGNATURE	Disasters I mad	For printed name of registered						<u></u>							
12.	Signature, typicu		AND DIRECT	·		sered Ago 13.	mil Sig	gnature requ		n reinstaring) ADDITIONS/CHANGES 1	O OFFIC	DATE ERS AND	DIRECTO	DES IN 12	
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CITY-ST-ZIP		TA FL 34237				4 CITY-S									
TITLE	DVST			DELETE		11 HILE	'						Change	e 🗆 Ad	dition
NAME	FULLER1	TON, ROBERT C		••	2	.2 NAME									
STREET ADDRESS	2033 M/	UN ŠT., SUITE 101			2	.3 STREET	ADD	RESS							
CITY-ST+ZIP	SARASO	TA FL 34237				4 CITY-S		- 1				• .			
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14. I do hereb information	by certify that indicated a	I the information supplementation in this appual report of	lied with this	filing does not qua	lify for t	the exer	mpt	tion stated	d in Sec	ection 119.07(3)(i), Florida	a Statutes	. I further	certify the	at the	that
l am an of	flicer or direc	ctor of the corp ration	r the receiv	er or trustee empo	vetred t	lo execi	ute	this repo	rl as re	gnature shall have the sa equired by Chapter 607,	Florida Si	latutes; an	d that my	riame	, urai
appears in	II DOUGK 120	i bigek ya ityoriangoy	, or pp an all	MATERIAL WILL AND	aaress.,					/	/				