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	PROFIT PROPATION JUAL REPORT Secretary of State DIVISION OF CORPORATIONS						
DOCU 1. Corporati	IMENT # P9500	0020160					
	South Forty	Group, Inc.					
Principal Pia	ce of Business	Mailing Address					
	Polo Club Road ston, FL 33414	(same)					
				 Date Incorporated or Qualified 3/10/95 	3a. Date None	of Last Re	port
	Place of Business South Shore Blvd.	2a. Mailing Address 26 Same		4. FEI Number 65-0566349			pplied For
Suite, Apt 22 N/A	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired	X	\$8.75	lot Applicable Additional sequired
City & Sta	ngton, FL	City & State		6. Election Campaign Financing			May Be
23] 110 1 1 1 24] 33414	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for its			to Fees s. 199 032,
24 33314	9. Name and Address of Current	29 Same Registered Agent	30	Florida Statutes X Yes 10. Name and Address of New Re	No No		
Donald	P. Dufresne, Esq.		81 Name		gistered A	yen	
12788 F	orest Hill Boulevard,	Suite 2003	82 Street	Id Scherer Address (P.O. Box Number is Not Acceptab	ıle)		
welling	ton, F1 33414		465 83	6 South Shore Boulevard	<u>i</u>		
			84 City We1	lington	FL	1 77	^{C∞de} 3414
11. Pursuant office or	to the provisions of Sections 607,0502 a	and 607,1508, Florida Statute	es, the above-named	corporation submits this clatement for the p poration's board of directors. I hereby accep	urpose of	changing i	ts registered
- 9	and docopt the othight	ons or, section our osos, rio	utnorized by the cor rida Statutes	poration's board of directors if hereby accep	,		registered
SIGNATURE	Brinch Schurer Signarine typed or printed name of registered agent a	Secretary , Sie	Hegistered Agent's gnature	a de	2/2	196	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
THE	President/Director	DELETE	1 1 TITLE	Director	111071110	Change	Addition
NAMi;	Robert W. Moore		1.2 NAME	Michael Price			
STREET ADDRESS	13329 Polo Club Road		13 STREET ADDRESS				
TELL	Wellington, FL 33414	DELETE	1.4 City-St-ZIP 2.1 Title	Fairhills, NJ 07931			E-1
NAME	Treasurer/Director	L_J better		Secretary/Director	1	Change	★ Addition
STREET ADDRESS	Peter B. Orthwein One Lafayette Place			Brad Scherer 4656 South Shore Boulev	n rd		
CIY ST ZIF	Greenwich, CT 06830	ı	2 4 CITY - ST - ZIP	Wellington, FL 33414	aru		
1'1FE	Secretary/Director	DELETE		Director		Change	Addition
NAME STOLE I MELBORS	Lester Armour III		3.2 NAME	Douglas Casey			
STREET ADDRESS CITY - S1 - ZiP	2323 Newberry Drive			P.O. Box 3978			
THILE	West Palm Beach, FL	33414 DELETE	34 CITY-ST-ZIP 4 1 TITLE	Aspen, CO 81612		Change	Addition
NAME		-	4 2 NAME		·		
STREET ANDRESS			4 3 STREET ADDRESS				
CHY ST-7P			4 4 CITY - ST - ZIP				
TITLE NAME		DELETE	5 17IIL€		T	Change	Addition
STRUET ADDRESS			5 2 NAME	90000174	•		
CTY ST ZIF			5 3 STREET ADDRESS	90000174 -03/13/96010 ****200.00	267	70°	
TOLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	***200.00		Change	Addition
NAME			62 NAME				M
STREET ADDRESS			6 3 STREET ADDRESS				2 3/12
CPY S' 7.P	y cortify that the information a service		6 4 CITY - ST - 7IP				<u> </u>
further cer	rtify that the information indicated on this	ाता तम्बर्ध गामलु is voluntarily furi s aryiua! Jeport or supplemen	nished and does not ntal annual report is t	qualify for the exemption stated in Section true and accurate and that my signature sha	i 19.07(3)(k ill have the	.), Florida S same lega	Statutes 1

further certify that the information indicated on this anythat 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 Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

Secretary, Secretary

Are definition for the information indicated on this asymptotic formation indicated on the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and that my signature shall have the same legal effect as if the indicated and indic SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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