

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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # Corp. # P95000020160 1. Corporation Name SOUTH FORTY GROUP, INC.			
Principal Place of Business 13329 Polo Club Rd. Wellington, FL 33414		Mailing Address (same)	
2. Principal Place of Business 21 3175 S. Congress Ave. Suite, Apt. #, etc. 22 Suite 208 City & State 23 Palm Springs, FL Zip Country 24 33414 25 USA		2a. Mailing Address 26 3175 S. Congress Ave. Suite, Apt. #, etc. 27 Suite 208 City & State 28 Palm Springs, FL Zip Country 29 33414 30 USA	
3. Date Incorporated or Qualified 3/10/95		3a. Date of Last Report 3/12/96	
4. FEI Number 65-0566349		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent Bradley A. Scherer 4656 S. Shore Blvd. Wellington, FL 33414		10. Name and Address of New Registered Agent 81 Name Bradley A. Scherer 82 Street Address (P.O. Box Number is Not Acceptable) 3175 S. Congress Ave. 83 Suite 208 84 City Palm Springs 85 Zip Code FL 33461	
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 <i>Bradley A. Scherer, President, Director</i> 4/23/97 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director ☒ DELETE Robert W. Moore 13329 Polo Club Rd. Wellington, FL 33414	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	President ☐ Change ☒ Addition Bradley A. Scherer 3175 S. Congress Ave., Suite 208 Palm Springs, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Treasurer, Director Peter B. Orthwein One Lafayette Pl Greenwich, CT 06830	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Secretary, Director Lester A. Armour, III 2323 Newberry Dr. Wellington, FL 33414	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Director Micheal Price Longview Far Hills, NJ 07931	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Director Douglas Casey P.O. Box 3078 12400 Indian Rd. Rd. Japan, CO 81612 LAKE WORTH FL 33414	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 900002204649 -06/06/97--01103--011 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Director Bradley A. Scherer 4656 S. Shore Blvd. Wellington, FL 33414	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition
14. I do hereby certify that the information supplied with the 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 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Bradley A. Scherer, President</i> 4/23/97 / 561-966-5878 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)