

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023120 (5)

1. Corporation Name

ATLANTIC GULF PROPERTIES, INC.



Principal Place of Business

1231-A NORTH ORANGE AVENUE
ORLANDO FL

Mailing Address

1231-A NORTH ORANGE AVENUE
ORLANDO FL

2. Principal Place of Business

21 *213 N. Mills Ave.*
Suite, Apt. #, etc.

2a. Mailing Address

26 *213 N. Mills Ave.*
Suite, Apt. #, etc.

22

City & State

23 *Orlando, FL*

27 City & State

28 *Orlando, FL*

Zip *32801*

County

29 Zip *32801*

30 County

9. Name and Address of Current Registered Agent

TORKOS, MICHAEL W
1231-A NORTH ORANGE AVENUE
ORLANDO FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report

4. FE Number
59-3309659 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. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature typed or printed name of registered agent and title, if applicable

13. *Michael W. Torkos* Registered Agent's signature required when making a change

DATE

CR2E034 (12/95)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	OTTO, THOMAS W	<input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	9021 TERRACE OAK COURT	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TORKOS, MICHAEL W	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	1231-A NORTH ORANGE AVE.	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 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)(k), 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, change, or an attachment with an address

SIGNATURE:

Thomas W. Otto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 407-896-7713

Date, Day, Month, Year