

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

FILED

Apr 23 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000003582 (9)
1. Corporation Name
SOUTHERN PROPERTIES OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

**2255 11TH LANE
VERO BEACH FL 32960**

Mailing Address

**2255 11TH LANE
VERO BEACH FL 32960-3904**



| | | | | | |
|--|-------------------------------|--|--|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/11/1996 | 3a. Date of Last Report NA |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-06341 33 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent LEONARD, LAWRENCE Y 817 BEACHLAND BLVD. VERO BEACH FL 32963 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 83 | | | | | |
| 84 City | | | | 85 Zip Code | |
| | | | | FL | |
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|---------------------------------|--|---|
| 1.1 TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | 1.2 NAME | |
| 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
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| 5.1 TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | 5.2 NAME | |
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| 5.4 CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
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| 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

0107372

CR2E034 (9/96)