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Feb 27 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 # P96000030774 (9)

1. Corporation Name  
FORT PIERCE INVESTORS, INC.



Principal Place of Business

1903 SOUTH 25TH STREET #200  
FORT PIERCE FL 34947

Mailing Address

1903 SOUTH 25TH STREET #200  
FORT PIERCE FL 34947-4740

3. Date Incorporated or Qualified

04/03/1996

3a. Date of Last Report

4. FEI Number

65-0677825

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTON, MICHAEL D  
1903 SOUTH 25TH STREET #200  
FORT PIERCE FL 34947

81 Name

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

83

84 City

FL

85 Zip Code

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 type and 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 D P  
NAME LEE, LARRY JR  
STREET ADDRESS 2209 SOUTH 25TH STREET #200  
CITY-STATE-ZIP FORT PIERCE FL 34947

11 TITLE D VP  
12 NAME JACQUIN, PAUL  
13 STREET ADDRESS 7348 COMMERCIAL CIRCLE  
14 CITY-STATE-ZIP FORT PIERCE, FL 34981

TITLE D  
NAME FINNEY, LINNES  
STREET ADDRESS 320 SOUTH INDIAN RIVER DRIVE  
CITY-STATE-ZIP FORT PIERCE FL 34948-3990

21 TITLE D S  
22 NAME CLEOPATRA A STERN  
23 STREET ADDRESS 3232 MEMORY LANE  
24 CITY-STATE-ZIP FORT PIERCE, FL 34981

TITLE D  
NAME COKE, RICHARD  
STREET ADDRESS 1012 SOUTH 8TH STREET  
CITY-STATE-ZIP FORT PIERCE FL 34950

31 TITLE D  
32 NAME BENTON, MARGARET  
33 STREET ADDRESS 800 VIRGINIA AVENUE  
34 CITY-STATE-ZIP FORT PIERCE, FL 34982

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

41 TITLE D  
42 NAME HATFIELD, JAMES  
43 STREET ADDRESS P O BOX 1506, 2420 ATLANTIC BEACH BLVD.  
44 CITY-STATE-ZIP FORT PIERCE, FL 34949

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

51 TITLE D  
52 NAME FOGAL, CHRISTOPHER  
53 STREET ADDRESS 415 SOUTH SECOND STREET  
54 CITY-STATE-ZIP FORT PIERCE, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

61 TITLE D  
62 NAME MINTON, MICHAEL D.  
63 STREET ADDRESS P O BOX 2757 1903 S. 25TH STREET  
64 CITY-STATE-ZIP FORT PIERCE FL 34947

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 SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E034 (9/96)