

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000066606 (0)

1. Corporation Name

FLORIDA GULF REALTY GROUP, INC.



Principal Place of Business 5260 SOUTH LANDINGS DRIVE #501 FORT MYERS FL 33919	Mailing Address 5260 SOUTH LANDINGS DRIVE #501 FORT MYERS FL 33919-4675
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New Company in
Sept. Partnership end of
November

2. Principal Place of Business 21 8695 College Pkwy #318 Suite, Apt. #, etc. 22 FORT MYERS, FL 33919 City & State 23 FORT MYERS, FL Zip 24 33919 Country 25 Lee		2a. Mailing Address 26 5260 S. Landings Dr Suite, Apt. #, etc. 27 #501 City & State 28 FORT MYERS FL. Zip 29 33919 Country 30 Lee		3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report None Before
		4. FEI Number None		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHALFANT-TEEGUARDEN, MARILYNN 5260 SOUTH LANDINGS DRIVE #501 FORT MYERS FL 33919 K yes		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is not acceptable) 83 City 84 City 85 Zip Code FL	
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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: Marilynn Chalfant Teguarden Date: Dec 1, 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHALFANT-TEEGUARDEN, MARILYN 5260 SOUTH LANDINGS DRIVE #501 FORT MYERS FL 33919 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition In the only officer now. Holding all offices.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, LAURA V 7586 CARRIER ROAD FORT MYERS FL 33912 <input checked="" type="checkbox"/> DELETE Died Nov 21, 1996	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition I filled DBPR + FREC Papers
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Marilynn Chalfant Teguarden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-97

Daytime Phone

941-481-
8412

0401606

CR2E034 (9/96)