

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

PROFIT CORPORATION
ANNUAL REPORT
1997

FLOIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P9600073631

FILED
97 APR -8 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9600073631
1. Corporation Name

FOUR POINTS COMMERCIAL PROPERTIES, INC.

Principal Place of Business: 1823 Lawhon Rd. Tallahassee, FL. 32311
Mailing Address: *Sue Roberts* P.O. Box 117 Woodville, FL. 32362

3. Date Incorporated or Qualified
3a. Date of Last Report

21. Principal Place of Business State, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent

LAMB, MARION D. III
1972 Raymond Diehl Rd.
Tallahassee, FL. 32308

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Digitally typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: PSTD 1.2 NAME: Roberts, Sue P. 1.3 STREET ADDRESS: P.O. Box 117 N/A 1.4 CITY-ST-ZIP: Woodville, FL. 32362	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 70000213652 1.3 STREET ADDRESS: -04/08/97-01114-002 1.4 CITY-ST-ZIP: ****165.00 ****165.00
2.1 TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <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: *Sue P. Roberts Pres. March 31, 1997*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)