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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082278 (8)

FLAGLER SOUTH, INC.

Principal Place of Business

3511 NE 22NO AVENUE

Mailing Address

3511 NE 22ND AVENUE

## **FILED** May 12 1997 8:00am Secretary of State



FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL 33308-6226								
						3. Date Incorporated or Qualified 10/04/1996	<b>3a.</b> Da	te of L	ast Re	port
	lace of Business	2a. Mailing Address	,			4. FEI Number	<u></u>		Арр	lied For
21		26				65-0714243			Not	Applicabl
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution			. <b>00</b> A	lay Be Fees
Zip	Country	Zip	Col	intry		8. This corporation has liability for i	ntangible	tax und	der s.	199.032,
24	25	29	30	,			Yes [			
h	9. Name and Address of Curren	t Registered Agent		04	NI	10. Name and Address of New Re	gistered /	<b>lgent</b>		
	ANESE, ARVID L			81	Name					
	1 NE 22ND AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
हाः।	LAUDERDALE FL 33308			83				<del></del>		· · · · · · · · · · · · · · · · · · ·
				63						
				84	City		FL	85	Zip C	ode
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of it the app	chang pintme	ing its nt as re	registered ogistered
agent. I ar SIGNATURE	m familiar with, and accept the obliga	ilions of, 500110ft 607,0505, F1	iorida Sta	tutes.						
	Signature, typod or printed name of registered age			d Ager	nt signature requ	red when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS DELETE	18.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC		IN 12 Additio
TITLE	ALBANESE, ARVID L	[ ] ptreit	1.0 (1		İ				inge	Auuillo
NAME	3511 NE 22ND AVENUE		1.2 N							
STREET ADDRESS	FORT LAUDERDALE FL 33308				ADDRESS					
CITY-ST-ZIP TITLE	PONT EXODERDALE TE 05000	DELE1E	2.4 10	11Y-\$1 DLE	1 - 211			Cha	nge	Additio
NAME			2.2 N							La manio
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				HIY-S						
TITLE		DELETE	3.1 7					Cha	ınge	Addilio
NAME			3.P N	AME						
STREET ADDRESS			3.\$ S	TREE1 A	ADDRESS					
CITY-ST-ZIP			3.4. 0	HY-S	T-ZIP					
TITLE		☐ DELETE	4.0 11	11,6				Cha	inge	Additio
NAME			4.21	IAME						
STREET ADDRESS			4.8 S	TREET A	ADDRESS					
CITY-ST-ZIP			4.4 C	ITY - \$1	I - ZIP					
TITLE		DELETE	5.4 71	ILE				Cha	inge	Addilio
NAME			5.2 N	5.2 NAME						
STREET ADDRESS			5.8 STREET A		ADDRESS					
CITY-ST-ZIP				ITY-\$1	1-21P			<del></del>		
TETLE	Kit .	OELET!	6.1 70					Cha	inge	Addilio
NAME	:		6.₽ N	AME						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	6.8 S	TREE 1	ADDRESS.					
CITY-ST-ZIP		//_/		<u> </u>				- 10-		
<ol> <li>14. I do hereb</li> </ol>	by certify that the information supplied	i with mis filipy does not qual	lity for the	exer	mption state	d in Section 119.07(3)(i), Florida Statutes	s. I further	cortify	that th	10

or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that or the receipts or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an anachment with an address. I am an officer or director of the co-poration appears in Block 12 or Block 13 / changed

Jhalan