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Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000063229 (3)**

1. Corporation Name
STUART PROPERTY GROUP SOUTH, INC.

Principal Place of Business
**42 S.E. HARBOR POINT DR.
STUART FL 34996**

Mailing Address
**42 S.E. HARBOR POINT DR.
STUART FL 34996**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0787118	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COVEY, JAMES P
1111 SOUTH FEDERAL HIGHWAY
SUITE 330
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name **PHYLLIS M. SIPPEL**
82 Street Address (P.O. Box Number is Not Acceptable)
42 SE HARBOR POINT DRIVE
83
84 City **STUART** FL 85 Zip Code **34996**

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 *Phyllis M. Sippel* **PHYLLIS M. SIPPEL, PRES.** **MAR. 21, 1998**
Signature, typed or 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	1.1 TITLE	D/P/T
NAME	SIPPEL, PHYLLIS M	1.2 NAME	PHYLLIS M SIPPEL
STREET ADDRESS	42 S.E. HARBOR POINT DR.	1.3 STREET ADDRESS	42 SE HARBOR POINT DRIVE
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	STUART FL 34996
TITLE		2.1 TITLE	D/VP/S
NAME		2.2 NAME	ROBERT J SIPPEL
STREET ADDRESS		2.3 STREET ADDRESS	42 SE HARBOR POINT DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	STUART FL 34996
TITLE		3.1 TITLE	D/VP
NAME		3.2 NAME	MATTHEW J. CLANCY
STREET ADDRESS		3.3 STREET ADDRESS	2618 JOSHUA CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BEAUFORT, SC 29902
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, trustee or 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: *Robert J Sippel* **ROBERT J SIPPEL** **MARCH 21, 1998** **561-270-8623**
VP

CR2E034 (10/97)