

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

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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S01608** (6)

1. Corporation Name  
**ST. GEORGE COMPANY**

Principal Place of Business <b>1500 SAN REMO AVENUE SUITE 245 CORAL GABLES FL 33146-3054 US</b>	Mailing Address <b>1500 SAN REMO AVENUE SUITE 245 CORAL GABLES FL 33146-3054 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1990</b>		3a. Date of Last Report <b>03/19/1996</b>	
21 Suite, Apt. #, etc. <b>Suite 237</b>		26 Suite, Apt. #, etc. <b>Suite 237</b>		4. FEI Number <b>65-0218770</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip <b>33146-3047</b>		28 Zip <b>33146-3047</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HUGHEY, BONNIE J 1500 SAN REMO AVENUE SUITE 239 CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VASD	1.1 TITLE	V/AS/D
NAME	YOUNG, DAVID F.	1.2 NAME	Young, David F.
STREET ADDRESS	1500 SAN REMO AVENUE, STE. 245	1.3 STREET ADDRESS	1500 San Remo Ave., Suite 245
CITY-ST-ZIP	CORAL GABLES FL 54	1.4 CITY-ST-ZIP	Coral Gables, FL 33146-3054
TITLE	DSP	2.1 TITLE	D/P/S
NAME	YOUNG, JUDITH C.	2.2 NAME	Young, Judith C.
STREET ADDRESS	1500 SAN REMO AVE, #245	2.3 STREET ADDRESS	1500 San Remo Ave., Suite 245
CITY-ST-ZIP	CORAL GABLES FL 54	2.4 CITY-ST-ZIP	Coral Gables, FL 33146-3054
TITLE	VT	3.1 TITLE	V/T
NAME	HUGHEY, BONNIE J.	3.2 NAME	Hughey, Bonnie J.
STREET ADDRESS	1500 SAN REMO AVE, #239	3.3 STREET ADDRESS	1500 San Remo Ave., Suite 239
CITY-ST-ZIP	CORAL GABLES FL 47	3.4 CITY-ST-ZIP	Coral Gables, FL 33146-3047
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 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: Bonnie J. Hughey (305) 662-9324  
Bonnie J. Hughey, Vice President/Treasurer  
Date: 4/13/97 Daytime Phone # 0204528

CR2E034 (9/96)