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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S17419

Country

9. Name and Address of Current Registered Agent

25

INGALLS, JOYCE ANN HOLIDAY INN DOCKSTORE

99701 OVERSEAS HWY

KEY LARGO FL 33037

(0)

HARRODS CREEK KE 40027-0301

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P O BOX 301

US

26

27

28 Zip

29

F & J PROPERTIES, INC.

Principal Place of Business

2. Principal Place of Business

49 SPADEFISH LANE

OCEAN REEF CLUB

21

22

23

24

Zio

KEY LARGO FL 33037

Suite Apt #, etc

City & State

	1 '.		,
TATE	Mar 03 1997 8:00an		
NS	Secreta	ary o	f State
PA-VALLE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	3. Date Incorporated or Qualified 11/27/1990	3a. Date of 04/19/1	Last Report
	4. FEI Number	V4/ 10/ 1	Applied For
	59-3042765		Not Applicable
	5. Certificate of Status Desired	1 1 7	3.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
	8. This corporation has liability for i Florida Statutes	Yes No)
Name	10. Name and Address of New Re	gistered Agen	<u>t</u>
	ss (P.O. Box Number is Not Acceptab	le)	
City		FL 85	Zip Code
named corpo the corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of char of the appointm	nging its registered ent as registered
l signature required	d when reinstating)	DATE	
	ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 12
T			

EII ED

11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's beautiful for the following statutes.

Country

81 Name

82

83

	Signature, typied or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature r	required when reinstating) DATE
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	D	LETE 1.1 TITLE	Change Addit
IAMÉ	HENDRICKS, JAMES W.	1.2 NAME	
THEET ADDRESS	49 SPADEFISH LANE	1.3 STREET ADDRESS	
OLY+ST ZIP	KEY LARGO FL	1.4 CITY - ST - ZIP	
lîL f	DE	LETE 2.1 TITLE	Change Addit
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TREET ADDRESS		4.3 STREET ADDRESS	
FTY - ST - ZIP		4.4 CITY - ST - ZIP	
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(TY - \$1 - 7)P		5.4 CITY - ST - ZIP	
IILE	OE	LETE 6.1 TITLE	Change Additi
IAME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
HY-ST-ZIP	_	6.4 CITY - ST - ZIP	

prual/febort is true and accurate and that my signature shall have the same legal effect as if made under oath; that it truskee/empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name nent with an address. information indicated on this annual report or supplemental I am an officer or director of the corporation or the receiver appears in Block 12 or Bld

SIGNATURE: