

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 518647  
 1. Corporation Name  
**CAVANAUGH VESEY PROPERTIES INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business 21 325 WINDWARD ISLAND		2a. Mailing Address 26 325 WINDWARD ISLAND		3. Date Incorporated or Qualified 12-11-1990	3a. Date of Last Report 6-28-96
22 Suite, Apt. # etc		27 Suite, Apt. #, etc.		4. FEI Number 59-3041861	Applied For Not Applicable
23 City & State CLEARWATER FL		28 City & State CLEARWATER FL		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34630	25 Country FLORIDA	29 Zip 34630	30 Country FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**9. Name and Address of Current Registered Agent**  
 JAMES C VESEY  
 8800 BALDHOOR BLVD #27  
 SEMINOLE FL 34616

**10. Name and Address of New Registered Agent**

81 Name	JAMES D CAVANAUGH
82 Street Address (P.O. Box Number is Not Acceptable)	325 WINDWARD ISLAND
83 City	CLEARWATER,
84 City	FL
85 Zip Code	34630

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: *James D Cavanaugh* DATE: 5/1/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	711 VESEY JAMES C	<input checked="" type="checkbox"/> DELETE
NAME	8800 BALDHOOR BLVD #27	
STREET ADDRESS	SEMINOLE FL	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	VESEY LINDA F	
STREET ADDRESS	8800 BALDHOOR BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	RD. PRES. + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CAVANAUGH, JAMES D	
13 STREET ADDRESS	325 WINDWARD ISLAND	
14 CITY-ST-ZIP	CLEARWATER FL 34630	
2.1 TITLE	STD. SECL. TREAS. + DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	325 WINDWARD ISLAND	
2.4 CITY-ST-ZIP	CLEARWATER FL 34630	
3.1 TITLE	D DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAVANAUGH DENISE A	
3.3 STREET ADDRESS	325 WINDWARD ISLAND	
3.4 CITY-ST-ZIP	CLEARWATER FL 34630	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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RW  
 5-16-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James D Cavanaugh* DATE: 5/1/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone # 813 443 4495

CR2E034 (9/96)