

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S70447** (5)

1. Corporation Name
SOUTHGATE DEVELOPMENT COMPANY, INC.



Principal Place of Business: **PO BOX 455 MURDOCK FL 33388 US**
Mailing Address: **PO BOX 455 MURDOCK FL 33388 US**

3. Date Incorporated or Qualified: **08/02/1991**
3a. Date of Last Report: **03/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0275685	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input 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 has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KARPISE X HANA 1191 PEPPERTREE LN PORT CHARLOTTE FL 33952				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Hana Karpisek* DATE: **4/23/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1. 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPISEK, MILO		1. 2 NAME				
STREET ADDRESS	1191 PEPPERTREE LN.		1. 3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		1. 4 CITY-ST-ZIP				
TITLE	VST	<input type="checkbox"/> DELETE	2. 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPISEK, HANA		2. 2 NAME				
STREET ADDRESS	1191 PEPPERTREE LN.		2. 3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3. 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPISEK, HANA		3. 2 NAME				
STREET ADDRESS	1191 PEPPERTREE LN.		3. 3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		3. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4. 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4. 2 NAME				
STREET ADDRESS			4. 3 STREET ADDRESS				
CITY-ST-ZIP			4. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5. 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5. 2 NAME				
STREET ADDRESS			5. 3 STREET ADDRESS				
CITY-ST-ZIP			5. 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6. 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **4-16-96** DAYTIME PHONE: **941-743-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)