


FILED

Feb 03 1997 8:00am
Secretary of State

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| <p>PROFIT CORPORATION ANNUAL REPORT 1997</p> <p></p> | | <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> |
| <p>DOCUMENT # S80821 (9)</p> <p>1. Corporation Name PLAZA INVESTORS, INC.</p> | | |
| <p>Principal Place of Business</p> <p>505 LANCASTER ST #1A JACKSONVILLE FL 32204</p> | <p>Mailing Address</p> <p>505 LANCASTER ST #1A JACKSONVILLE FL 32204-4136</p> | |



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| | | 3. Date Incorporated or Qualified 09/17/1991 | | 3a. Date of Last Report 03/13/1996 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 4. FEI Number 59-3084220 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 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 type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent WILLINGHAM BEN H. JR. 505 LANCASTER ST APT 10C JACKSONVILLE FL 32204 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS 1.1 TITLE DVST <input type="checkbox"/> DELETE NAME MCGEEHEE, THOMAS R. STREET ADDRESS 505 LANCASTER ST #6AB CITY - ST - ZIP JACKSONVILLE FL 1.2 TITLE DP <input type="checkbox"/> DELETE NAME WILLINGHAM, BEN H. JR. STREET ADDRESS 505 LANCASTER ST. #1B CITY - ST - ZIP JACKSONVILLE FL 1.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 1.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 1.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Thomas R. McGehee 1.3 STREET ADDRESS 505 Lancaster St. #6AB 1.4 CITY - ST - ZIP Jacksonville, FL 32204 2.1 TITLE DIVISIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Ben H. Willingham, Jr. 2.3 STREET ADDRESS 505 Lancaster St. #1B 2.4 CITY - ST - ZIP Jacksonville, FL 32204 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 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 | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SAVING OFFICER OR DIRECTOR

Date _____

Payable From:

0029707

CR2E034 (9/96)