

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S89965** (5)

1. Corporation Name
ATLANTIC GULF DEVELOPMENT, INC.

Principal Place of Business LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	Mailing Address LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-5417
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1991	3a. Date of Last Report 04/16/1996
21 Suite, Apt #, etc	26	27	28	4. FEI Number 65-0293998	Applied For Not Applicable
22 City & State	27	28	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25	29	30	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		10. Name and Address of New Registered Agent	
LANGLEY, MARCIA H LEGAL DEPT., 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133		81 Name JOEL K. GOLDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr 83 9th Floor 84 City Miami FL 85 Zip Code 33133	

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 *Joel K. Goldman* **Joel K. Goldman** **4/11/97**
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W.	1.2 NAME	GOLDMAN, JOEL K.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	V/A S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H.	2.2 NAME	LANGLEY, MARCIA H.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	V/P/C/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H.	3.2 NAME	CARLETON, CALLIS N.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLETON, CALLIS N.	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K.	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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 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: *Joel K. Goldman* **Joel K. Goldman** **4/11/97** **305-859-4071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)