

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S96319 (6)
1. Corporation Name
FOWLER STREET PROPERTIES, INC.



Principal Place of Business Mailing Address
**% 50 N. LAURA STREET, 9TH FLOOR
BARNETT TOWER, MC 099-000-0930 1830
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **11/22/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0302505** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under Florida Statutes Yes No *on consolidated basis*

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**HEAD, JAMES A
50 N. LAURA STREET, 9TH FLOOR
BARNETT TOWER, MC099-000-0930
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name **Ghomeshi, Mehdi**
82 Street Address (P.O. Box Number is Not Acceptable) **50 N. Laura Street**
83 **MC: 099-000-1830**
84 City **Jacksonville** FL 85 Zip Code **32202**

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 607.005, Florida Statutes.

SIGNATURE: *Mehdi Ghomeshi* **Mehdi Ghomeshi** **4/29/96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BUEROSSE, MARCUS
STREET ADDRESS	801 E. HALLANDALE
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DSTV
STREET ADDRESS	HEAD, JAMES A
CITY-ST-ZIP	50 N. LAURA ST. MC 099-000-1812 JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DP
STREET ADDRESS	MILLER, ROBERT F. J
CITY-ST-ZIP	50 N LAURA ST, MC0990001830 JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DASV
STREET ADDRESS	JARBOE, LLOYD ALLEN J
CITY-ST-ZIP	50 N LAURA ST, MC0990001830 JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BLANKSTEIN, ALAN
STREET ADDRESS	801 E. HALLANDALE
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DSV
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP Ghomeshi Mehdi
2.3 STREET ADDRESS	50 N. Laura St.
2.4 CITY-ST-ZIP	Jacksonville, FL 32202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV Story, Deborah
3.3 STREET ADDRESS	50 N. Laura Street
3.4 CITY-ST-ZIP	Jacksonville, FL 32202
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DTV
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	000001820320
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05/14/96 01063-009
6.3 STREET ADDRESS	***200,00
6.4 CITY-ST-ZIP	26

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: *Mehdi Ghomeshi* **Mehdi Ghomeshi** **4/29/96** **(904) 791-7770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)