

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

FILED
Apr 21 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 # S96319 (6)

1. Corporation Name
FOWLER STREET PROPERTIES, INC.

Principal Place of Business
% 50 N. LAURA STREET
BARNETT TOWER, MC 099-000-1830
JACKSONVILLE FL 32202

Mailing Address
% 50 N. LAURA STREET
BARNETT TOWER, MC 099-000-1830
JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc. 22 M/C 099-000-0730		26 Suite, Apt. #, etc. 27 M/C 099-000-3255		11/22/1991		05/01/1996	
23 City & State		28 City & State		4. FEI Number		Applied For	
24 Zip		29 Zip		65-0302505		Not Applicable	
25 Country		30 Country		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 s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

GHOMESHI, MEHDI
50 N. LAURA STREET
MC; 099-000-1830
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Gary W. England
82 Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
83 M/C 099-000-0907
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 607.0505, Florida Statutes.

SIGNATURE *Deborah Story*
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	BUEROSSE, MARCUS	
STREET ADDRESS	801 E. HALLANDALE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GHOMESHI, MEHDI	
STREET ADDRESS	50 N. LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STORY, DEBORAH	
STREET ADDRESS	50 N LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DTV	<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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilmot, Michael R	
1.3 STREET ADDRESS	50 North Laura Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Small, Lora J	
2.3 STREET ADDRESS	50 North Laura Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Story, Deborah B.	
3.3 STREET ADDRESS	50 North Laura Street	
3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
4.1 TITLE	DTV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Moreland, Michael	
4.3 STREET ADDRESS	2850 North Federal Highway	
4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
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		

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: *Deborah Story* Deborah Story 4/10/97 (904) 791-5719

CP2E034 (9/96)