

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
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1991	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc. M/C 099-000-0730	26 Suite, Apt. #, etc. M/C 099-000-3255	4. FEI Number 65-0302505	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GHOMESHI, MEHDI 50 N. LAURA STREET MC; 099-000-1830 JACKSONVILLE FL 32202		81 Name Gary W. England	
		82 Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street	
		83 City & State M/C 099-000-0907	
		84 City Jacksonville	85 Zip Code FL 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* DATE: **4-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DSV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUEROSSE, MARCUS	1.2 NAME	Wilmot, Michael R
STREET ADDRESS	801 E. HALLANDALE	1.3 STREET ADDRESS	50 North Laura Street
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GHOMESHI, MEHDI	2.2 NAME	Small, Lora J
STREET ADDRESS	50 N. LAURA ST.	2.3 STREET ADDRESS	50 North Laura Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, DEBORAH	3.2 NAME	Story, Deborah B.
STREET ADDRESS	50 N LAURA ST.	3.3 STREET ADDRESS	50 North Laura Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DTV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DTV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANKSTEIN, ALAN	4.2 NAME	Moreland, Michael
STREET ADDRESS	801 E. HALLANDALE	4.3 STREET ADDRESS	2850 North Federal Highway
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
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 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**

CF2E034 (9/96)