

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V00178 (6)

1. Corporation Name

SUN TREE TRACT 51, INC.

Principal Place of Business

GLASS BANK BLDG.
505 N. ORLANDO AVE.
COCOA BEACH FL 32932

Mailing Address

GLASS BANK BLDG.
505 N. ORLANDO AVE.
COCOA BEACH FL 32932



3. Date Incorporated or Qualified
12/12/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEPLES, JAMES W., III
GLASS BANK BLDG.
505 N. ORLANDO AVE.
COCOA BEACH FL 32932

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VACHER, JOEL
STREET ADDRESS 126 BLVD ST GERMAIN
CITY-ST-ZIP 75006 PARIS, FRANCE

TITLE TD
NAME GAUDE, MICHEL
STREET ADDRESS CHATEAU DU GORD
CITY-ST-ZIP 28630 LE COUDRAY, FR

TITLE SD
NAME CHANAL, GLAUDE
STREET ADDRESS 7 RUE LOISELEUR DEOLONCH
CITY-ST-ZIP 28100 DREUX, FRANCE

TITLE AS
NAME MAYERHOEFFER, ALAIN
STREET ADDRESS 931 AQUARINA BOULEVARD
CITY-ST-ZIP MELBOURNE BCH FL

TITLE D
NAME BAUDOUX, JEAN-CLAUDE
STREET ADDRESS RUE DELA TRINITE
CITY-ST-ZIP 62200 SOISSONS, FR

TITLE D
NAME PATRIAT, MONIQUE
STREET ADDRESS 12 RUE DE LOMBALLE
CITY-ST-ZIP 28100 DREUX, FRANCE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)