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Jan 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 # **V33048** (2)
1. Corporation Name
S.P. POTTER, INC.



Principal Place of Business Mailing Address
201 SEACREST LN DELRAY BEACH FL 33444 **201 SEACREST LN DELRAY BEACH FL 33444-4311**

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **08/02/1996**
4. FET Number **65-0338524** 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 s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **22272 PINEAPPLE WALK DR.** 26 **22272 PINEAPPLE WALK DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 ----- 27 -----
City & State City & State
23 **BOCA RATON, FL** 28 **BOCA RATON, FL**
Zip Country Zip Country
24 **33433** 25 **PALM BEACH** 29 **33433** 30 **PALM BEACH**

g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
EASTHAM, JOHN K. 81 Name **KATHRYN P. POTTER**
138 W PALMETTO PARK RD 82 Street Address (P.O. Box Number is Not Acceptable) **22272 PINEAPPLE WALK DRIVE**
BOCA RATON FL 33432 83 -----
84 City **BOCA RATON, FL** 85 Zip Code **FL 33433**

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: *Kathryn P. Potter* DATE: **1/10/97**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, STEPHEN B.	1.2 NAME	STEPHEN B. POTTER
STREET ADDRESS	201 SEACREST LN	1.3 STREET ADDRESS	22272 PINEAPPLE WALK DRIVE
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, KATHRYN P.	2.2 NAME	KATHRYN P. POTTER
STREET ADDRESS	201 SEACREST LN	2.3 STREET ADDRESS	22272 PINEAPPLE WALK DRIVE
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *Stephen B. Potter* DATE: **1/10/97** (561) 368-5988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)