

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L11010 (0)

1. Corporation Name **S-GROUP PROPERTIES, INC.**



Principal Place of Business C/O BETTIE JUDD STEVENS 1604 EAST OAK STREET ARCADIA FL 33821	Mailing Address C/O BETTIE JUDD STEVENS 1604 EAST OAK STREET ARCADIA FL 33821
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/21/1989	3a. Date of Last Report 05/01/1995
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 65-0145366	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent STEVENS, BETTIE JUDD 1604 EAST OAK STREET ARCADIA FL 33821	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 (applicable) (NOTE: Registered Agent signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, THOMAS R.	1.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 279	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, BETTIE JUDD	2.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 279	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, THOMAS RICHARD	3.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 278M	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ALBERT J.	4.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 278X	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 as indicated, or on an attachment with an address.

SIGNATURE:  **Albert J. Stevens, Pres.** 6/4/96 (941) 994-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)