

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER W. HAYES
COMMISSIONER
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

SEP 11 - 11 AM 9:26

REGISTRY OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **361830** (3)
1. Corporation Name
POINCIANA NEW TOWNSHIP, INC.

Principal Place of Business: P.O. BOX 526000 MIAMI FL 33152
Mailing Address: P.O. BOX 526000 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date of Incorporation or Qualified	3a. Date of Last Report Applied For
21. 255 ALHAMBRA CIRCLE	26. State Apt # etc	27. City & State	03/27/1970	04/20/1994
22. CORAL GABLES, FL	28. Zip	29. Country	4. FIC Number	Applied For / Not Applicable
23. 33134	25. USA	30. Country	59-1288187	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
KERRIGAN, JUANITA I. 255 ALHAMBRA CIR 9TH FL CORAL GABLES FL 33134			81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0505 and 607.1509, Florida Statutes, the above named corporation submits the 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: _____
 12. OFFICERS AND DIRECTORS
 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92
TITLE: PD NAME: MCNAIRY, CHARLES STREET ADDRESS: 255 ALHAMBRA CIR. CITY, ST, ZIP: CORAL GABLES FL	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY, ST, ZIP: [] Change [] Addition
TITLE: VD NAME: GETMAN, DENNIS J. STREET ADDRESS: 255 ALHAMBRA CIR. CITY, ST, ZIP: CORAL GABLES FL	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY, ST, ZIP: [] Change [] Addition
TITLE: VSD NAME: KERRIGAN, JUANITA I. STREET ADDRESS: 255 ALHAMBRA CIR. CITY, ST, ZIP: CORAL GABLES FL	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY, ST, ZIP: [] Change [] Addition
TITLE: VGB NAME: COUGHENOUR, JEANETTE STREET ADDRESS: 255 ALHAMBRA CIR. CITY, ST, ZIP: CORAL GABLES FL	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY, ST, ZIP: [] Change [] Addition
TITLE: VT NAME: YANOPOULOS, JOHN STREET ADDRESS: 255 ALHAMBRA CIR S800 CITY, ST, ZIP: CORAL GABLES FL	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY, ST, ZIP: [] Change [] Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY, ST, ZIP: []	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY, ST, ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is accurately prepared and does not qualify for the exemption stated in Section 111.02(4)(b), 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 this corporation or the receiver or liquidator named hereon on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan*
 SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/95 (305) 442-7000

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FLORIDA DEPARTMENT OF STATE
Sandra L. Armstrong
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # **362370** (9)

1. Incorporator Name

JEBCO ENTERPRISES, INC.

04/09/1970

JACKSONVILLE, FLORIDA

Principal Place of Business

9471 BAYMEADOWS RD #308
JACKSONVILLE FL 32256-0152

Mainly Address

9471 BAYMEADOWS RD #308
JACKSONVILLE FL 32256-0152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		04/09/1970	05/01/1994
22		27		4. FEI Number	Applied For
23		28		59-1320663	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
27		32		<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			
BULLARD, JAMES E 9471 BAYMEADOWS RD #308 JACKSONVILLE FL 32216				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.030(2) and 607.150A, 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 607.030A, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a	PD BULLARD, JAMES E 4817 YACHT CLUB ROAD JACKSONVILLE FL	13a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b	D BULLARD, LINDA L 4817 YACHT CLUB ROAD JACKSONVILLE FL	13b	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12c		13c	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12d		13d	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12e		13e	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f		13f	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12g		13g	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12h		13h	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *James E. Bullard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 904-636-9997