

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 05 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 # F51681 (7)

1. Corporation Name
MIKE ELLIOTT & COMPANY



Principal Place of Business 1073 BRITTON STREET LARGO FL 34640 US	Mailing Address 1073 BRITTON STREET LARGO FL 33770-4388 US
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3. Date Incorporated or Qualified 10/29/1981	3a. Date of Last Report 06/04/1996
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2. Principal Place of Business 21 305 Crestwood Lane Suite, Apt. #, etc.	2a. Mailing Address 26 305 Crestwood Lane Suite, Apt. #, etc.
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4. FEI Number 59-2138875	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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22	27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 City & State Harbor Bluffs, FL	28 City & State Harbor Bluffs, FL
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 Zip 33770	25 Country USA	29 Zip 33770	30 Country USA
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ELLIOTT, MIKE
 1073 BRITTON ST
 LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name ELLIOTT, MIKE	
82 Street Address (P.O. Box Number is Not Acceptable) 305 Crestwood Lane	
83 City Harbor Bluffs, FL 33770	
84 City FL	85 Zip Code 33770

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 **Mike Elliott, Director** DATE **4/17/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	ELLIOTT, MICHAEL
STREET ADDRESS	1073 BRITTON STREET 305 Crestwood L
CITY-ST-ZIP	LARGO FL Harbor Bluffs, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (9/96)