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 # F83081 (2)

1. Corporation Name

NORCONN ENTERPRISES OF CLEARWATER, INC.

Principal Place of Business
1524 PRICE CIR
P. O. BOX 5072
CLEARWATER FL ~~34618~~

Mailing Address
1524 PRICE CIR
P. O. BOX 5072
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified: 05/26/1982
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2209540 [ ] 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 34624 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

SKIDD, SUSAN C
1524 PRICE CI
CLEARWATER FL 34624

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

11. Pursuant to the provisions of Sections 607.0502 and 617.0503, 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: Susan C. Skidd, Secretary — Susan C Skidd — 4/16/96

12. OFFICERS AND DIRECTORS

TITLE	S	[ ] DELETE
NAME	SKIDD, SUSAN C	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	P	[ ] DELETE
NAME	SKIDD, DAVID W	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	V	[ ] DELETE
NAME	SKIDD, DAVID JR.	
STREET ADDRESS	1524 PRICE CIR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	[ ] DELETE
NAME	SKIDD, MICHAEL R	
STREET ADDRESS	1524 PRICE CIR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	[ ] Change	[ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	[ ] Change	[ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	[ ] Change	[ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	[ ] Change	[ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	[ ] Change	[ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	[ ] Change	[ ] Addition

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: Susan C Skidd (Susan C. Skidd) 4/16/96 (813)536-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)