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FILED  
May 09 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 # J18876 (9)

1. Corporation Name  
THE ATHENA GROUP INC.



Principal Place of Business

Mailing Address

4009 NW 6TH ST  
BLDG B5-  
GAINESVILLE FL 32609  
US

% LORI G. TAYLOR  
3424 N.W. 31ST STREET  
GAINESVILLE FL 32605-2165

3. Date Incorporated or Qualified 06/11/1986  
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 5522 NW 43rd Street

26 Suite, Apt. #, etc.

22 Suite B  
City & State

27 City & State

23 Gainesville FL  
Zip Country

28 Zip Country

24 32653

25 USA

29

30

4. FEI Number 50-2724492  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, LORI G.  
3424 N.W. 31ST STREET  
GAINESVILLE FL 32605

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 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, LORI G.	
STREET ADDRESS	3424 NW 31ST ST	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, FREDRICK J.	
STREET ADDRESS	3424 N.W. 31ST STREET	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MURPHY, MONICA	
STREET ADDRESS	2844 NW 32ND ST	
CITY, ST, ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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.

SIGNATURE:

*Monica AB Murphy* Signature and Typed or Printed Name of Signing Officer or Director  
Date 04/28/97 Daytime Phone # 352/3712567

CR2E034 (9/96)