

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

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May 01 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 # L86766 (7)
1. Corporation Name
17TH & HONORE, INC.



Principal Place of Business 6565 GATEWAY AVENUE SARASOTA FL 34231	Mailing Address 6565 GATEWAY AVENUE SARASOTA FL 34231-5803
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3. Date Incorporated or Qualified 07/06/1990	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0250369	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt #, etc. 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent
**SHEA, JOHN J., JR
720 ORANGE AVE., S.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name **MOSS, MARIAN M**
82 Street Address (P.O. Box Number is Not Acceptable)
6565 GATEWAY AVE
83 **SARASOTA FL**
84 City **SARASOTA FL** 85 Zip Code **34231**

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 *Marian M. Moss* DATE **4/25/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MOSS, MARTIN I.	
STREET ADDRESS	6565 GATEWAY AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VS	<input type="checkbox"/>
NAME	MAYR, FRITZ	
STREET ADDRESS	6565 GATEWAY AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/>
NAME	MOSS, MARIAN M.	
STREET ADDRESS	6565 GATEWAY AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/>
NAME	MARQUA, JAMES	
STREET ADDRESS	6565 GATEWAY AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	34231		
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	34231		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	34231		
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	34231		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 in an attachment with an address.

SIGNATURE: *Martin I. Moss* DATE **4/25/97** Daytime Phone # **922-4566**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CR2E034 (9/96)