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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003690 (5)
1. Corporation Name
F.S.A.T.T., INC.



Principal Place of Business: 1015 N.E. CR 234, GAINESVILLE FL 32641 US
Mailing Address: P.O. BOX 142151, GAINESVILLE FL 32614-2151

2. Principal Place of Business: P.O. Box 262605
2a. Mailing Address: TAMPA, Fla
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State: TAMPA, Fla.
28. City & State: TAMPA, Fla.
24. Zip: 33685-2605
26. Zip: 33685-2605

3. Date Incorporated or Qualified: 08/16/1993
3a. Date of Last Report: 07/08/1996
4. FEI Number: 59-3197354
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
COTTON, LINDA C
14490 S.E. 93RD AVE.
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent
81 Name: FSATT, INC.
82 Street Address (P.O. Box Number Not Acceptable): PO BOX 262605-
83
84 City: TAMPA, FL. FL 85 Zip Code: 33685

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: Gilbert Alvarado Cer. A.T. Date: 3-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: COTTON, LINDA C STREET ADDRESS: 14490 S.E. 93RD AVE. CITY-ST-ZIP: BELLVIEW FL 34491	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Gilbert Alvarado Cert. A.T. 1.3 STREET ADDRESS: 8932 Eastman Dr., Tampa, FL. 1.4 CITY-ST-ZIP:
TITLE: V NAME: SCHWARZ, DONNA STREET ADDRESS: 210 GREENWOOD LEE HIGH ACHERS CITY-ST-ZIP: FT. MYERS FL 33936	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: V 2.2 NAME: Ed Vasquez Cert. A.T. 2.3 STREET ADDRESS: 4911 Dover Circle 2.4 CITY-ST-ZIP: Orlando, FL. 32807
TITLE: SD NAME: ALVARADO, GILBERT STREET ADDRESS: 6210 N SHELDON #2006 CITY-ST-ZIP: TAMPA FL 33615-3114	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: Ray Stryjewski Cert. A.T. 3.3 STREET ADDRESS: 3143 Winchester Dr. 3.4 CITY-ST-ZIP: Palm Harbor, FL. 34683
TITLE: TD NAME: OWENS, HAZEL STREET ADDRESS: 1015 N.E. CR 234 CITY-ST-ZIP: GAINESVILLE FL 32641	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: Jim Feazel Cert. A.T. 4.3 STREET ADDRESS: 811 Woodley Rd. 4.4 CITY-ST-ZIP: Clearwater, Fla. 34624
TITLE: D NAME: LOPALO, SAM CRNA STREET ADDRESS: 411 SW 83RD TERRACE CITY-ST-ZIP: GAINESVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: LOPALO, Sam CRNA 5.3 STREET ADDRESS: 411 SW 83rd Terrace 5.4 CITY-ST-ZIP: Gainesville FL.
TITLE: D NAME: GOOD, MICHAEL STREET ADDRESS: 8926 SW 44TH LANE CITY-ST-ZIP: GAINESVILLE FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: D Good, Michael M.D. 6.3 STREET ADDRESS: 8926 SW 44th Lane 6.4 CITY-ST-ZIP: Gainesville FL. Bank Dep. Vol.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Gilbert Alvarado Cer. A.T. Date: 3-11-97

CR2E037 (9/96)