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**May 12 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001591 (5)

1. Corporation Name

MID-FLORIDA CERAMIC GUILD, INC.



Principal Place of Business 2445 EASTBROOK BLVD. WINTER PARK FL 32792	Mailing Address 2445 EASTBROOK BLVD. WINTER PARK FL 32792-1707
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3. Date Incorporated or Qualified 04/05/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3316223	Applied For <input type="checkbox"/> Not Applicable
5. 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**YOUNG, ELAINE
2445 EASTBROOK BLVD.
WINTER PARK FL 32792**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BUSHEE, POLLY
STREET ADDRESS	13091 91ST STREET N.
CITY-ST-ZIP	LARGO FL 34643
TITLE	President <input type="checkbox"/> DELETE
NAME	PHILLIPS, DOTTIE
STREET ADDRESS	637 W. HARDING STREET
CITY-ST-ZIP	ORLANDO FL 32805-6566
TITLE	S <input type="checkbox"/> DELETE
NAME	YOUNG, ELAINE
STREET ADDRESS	2445 EASTBROOK BLVD.
CITY-ST-ZIP	WINTER PARK FL 32792-1707
TITLE	T <input type="checkbox"/> DELETE
NAME	BAKER, DEL
STREET ADDRESS	8495 91ST TERR. N
CITY-ST-ZIP	SEMINOLE FL 34847
TITLE	D <input type="checkbox"/> DELETE
NAME	BACON, EDNG
STREET ADDRESS	120 ARKWRIGHT DR.
CITY-ST-ZIP	TAMPA FL 33613
TITLE	D <input type="checkbox"/> DELETE
NAME	BAKER, BEV
STREET ADDRESS	8495 91ST TERR. N
CITY-ST-ZIP	SEMINOLE FL 34847

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP
1.3 STREET ADDRESS	Bett Calderano
1.4 CITY-ST-ZIP	531 Ranger Park Court Davenport, FL 33837
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Lola Morrison
2.4 CITY-ST-ZIP	8791 Oakdale Rd. Seminole, FL 33777
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marge Traeger
3.3 STREET ADDRESS	543 Finchley Road
3.4 CITY-ST-ZIP	Maitland, FL 32751
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beverly Baker
4.3 STREET ADDRESS	8495 91st Terr. N
4.4 CITY-ST-ZIP	Seminole, FL 34847
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Backy Bowman
5.3 STREET ADDRESS	1428 E. Semoran Blvd. Suite 107
5.4 CITY-ST-ZIP	Apopka, FL
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Elaine Young** *Elaine Young* Date: **4/30/97** (407) 671-2564

CR2E037 (9/96)