

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 # P93000057160 (2)

1. Corporation Name
STATUS-CUE, INC.



Principal Place of Business: 2471 MCMULLEN BOOTH RD. CLEARWATER FL 34621
Mailing Address: 2471 MCMULLEN BOOTH RD. CLEARWATER FL 34621

3. Date Incorporated or Qualified: 08/04/1993
3a. Date of Last Report: 03/27/1995
4. FEI Number: APPLIED FOR 9-3207508
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) 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
**OSSIAN, MARK A
1150 CLEVELAND STREET
SUITE 400
CLEARWATER FL 34615**

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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP LOGUE, DANIEL M
2471 MCMULLEN BOOTH ROAD
CLEARWATER FL 34621
DS STODDARD, MICHAEL
2471 MCMULLEN BOOTH ROAD
CLEARWATER FL 34621
D TILLS - ROBERT LAWEL
2471-MCMULLEN BOOTH RD
CLEARWATER, FL 34621

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, in an attachment with an address.

SIGNATURE: *Daniel M Logue* DANIEL M LOGUE 4-28-96 813-797-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # CS 511196

CR2E034 (12/95)