

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

FILED

**Apr 11 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 # P94000006420 (1)
 1. Corporation Name
NELSON MARKETS, INC.



Principal Place of Business 2350 MONTCLAIR ROAD LEESBURG FL 34748	Mailing Address 2350 MONTCLAIR ROAD LEESBURG FL 34748-4728
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3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 606 W. Noble Ave Suite, Apt. #, etc.	2a. Mailing Address 26 606 W. Noble Ave Suite, Apt. #, etc.
22 City & State Williston Florida	27 City & State Williston Florida
23 Zip 32696 Country LEVY	28 Zip 32696 Country LEVY

4. FEI Number 59-3218166	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NELSON, DONALD T
2350 MONTCLAIR ROAD
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	606 W. Noble Ave
83	
84 City	Williston FL
85 Zip Code	32696

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, W O
STREET ADDRESS	12255 VIRGINIA DR.
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, TANYA
STREET ADDRESS	12255 VIRGINIA DR
CITY-ST-ZIP	LEESBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, DONALD T
STREET ADDRESS	12255 VIRGINIA DR.
CITY-ST-ZIP	LEESBURG FL 34788
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	606 W. Noble Ave
1.4 CITY-ST-ZIP	Williston FL 32696
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	606 W. Noble Ave
2.4 CITY-ST-ZIP	Williston FL 32696
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	606 W. Noble Ave
3.4 CITY-ST-ZIP	Williston FL 32696
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: _____ SIGNATURE REQUIRED *Donald Nelson* 9 APR 97 352-528-4801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)