

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

FILED

**Apr 24 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 # P94000058928 (0)

1. Corporation Name
MAMMOTH MEMORY, INC.



Principal Place of Business 2640 118TH AVENUE NORTH ST. PETERSBURG FL 33716	Mailing Address C/O ANN E. POINTER,ESQ. 13535 FEATHER SOUND DR., SUITE 327 CLEARWATER FL 34622-5500 US
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3. Date Incorporated or Qualified 08/10/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3259583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2600 118th Avenue North	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 SAME	28
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent

**POINTER, ANN E
13535 FEATHER SOUND DRIVE
SUITE 327
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GALINSKI, MICHAEL B.	
STREET ADDRESS	13535 FEATHER SOUND DRIVE, SUITE 327	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	GIAMMARRESCO, JOSEPH	
STREET ADDRESS	2600 118TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, ARIS	
STREET ADDRESS	2600 118TH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALL, GREG	
STREET ADDRESS	13535 FEATHER SOUND DRIVE, SUITE 327	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	S&C	<input type="checkbox"/> DELETE
NAME	POINTER, ANN E	
STREET ADDRESS	13535 FEATHER SOUND DRIVE, SUITE 327	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	DCSO	<input checked="" type="checkbox"/> DELETE
NAME	ALLSWORTH, T W	
STREET ADDRESS	2600 118TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	

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		
1.4 CITY-ST-ZIP	see zip code	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	See zip code	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	see zip code	
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: Ann E. Pointer **Ann E. Pointer** 4/17/97 813-573-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)