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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000059148 (4)

1. Corporation Name
ALAN PULS ENTERPRISES, INC.



Principal Place of Business
8203 N. ARMENIA AVE.
TAMPA FL 33604

Mailing Address
8203 N. ARMENIA AVE.
TAMPA FL 33604-2731

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business
21 2123 LINDA LANE
Suite, Apt. #, etc.
22 City & State: LUTZ FL
23 Zip: 33549 Country: PASCO
24 25
2a. Mailing Address
26 2123 LINDA LANE
Suite, Apt. #, etc.
27 City & State: LUTZ FL
28 Zip: 33549 Country: PASCO
29 30

4. FEI Number: 59-3258039
Applied For: Not Applicable
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
HOBSON, PETER J
606 E. MADISON STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: PULS, ALAN
82 Street Address (P.O. Box Number is Not Acceptable): 2123 LINDA LANE
83
84 City: LUTZ FL State: FL Zip Code: 33549
85

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: Alan Puls (Signature) DATE: 4-23-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PULS, ALAN	
STREET ADDRESS	8203 N. ARMENIA AVE.	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OVERMAN, BETTY J	
STREET ADDRESS	8203 N. ARMENIA AVE.	
CITY - ST - ZIP	TAMPA FL 33604	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PULS, ALAN	
1.3 STREET ADDRESS	2123 LINDA LANE	
1.4 CITY - ST - ZIP	LUTZ FL 33549	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PULS, BETTY J	
2.3 STREET ADDRESS	2123 LINDA LANE	
2.4 CITY - ST - ZIP	LUTZ FL 33549	
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 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)(l), 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: Alan Puls (Signature) DATE: 4-23-97 (813) 909 0911

CR2E034 (9/96)