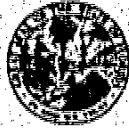


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:26

DOCUMENT # P94000075563 (4)

1. Corporation Name
APPLETON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
877 EXECUTIVE CENTER DRIVE WEST GLADES BUILDING SUITE 303 ST. PETERSBURG FL 33702	877 EXECUTIVE CENTER DRIVE WEST GLADES BUILDING SUITE 303 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/14/1994
3a. Date of Last Report

4. FEI Number 59-3276489
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

2. Principal Place of Business
21 1803 Gulf Boulevard
Suite, Apt. #, etc.

2a. Mailing Address
26
City & State

22
27
City & State

23 Indian Rocks Bch, FL
28
City & State

24 34635 25 USA 29 30

9. Name and Address of Current Registered Agent
MASCARA, ERNEST L
877 EXECUTIVE CENTER DRIVE WEST
GLADES BUILDING SUITE 303
ST. PETERSBURG FL 33702

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 *Ernest L Mascara* DATE 3/1/95
(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~P/D~~
NAME MASCARA, ERNEST L
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE WEST STE 303
CITY-ST-ZIP ST. PETERSBURG FL 33702

1.1 TITLE P/D Change Addition
1.2 NAME Colin Appleton
1.3 STREET ADDRESS 1803 Gulf Boulevard
1.4 CITY-ST-ZIP Indian Rocks Beach, FL 34635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE S/T/D Change Addition
2.2 NAME Ann Appleton
2.3 STREET ADDRESS 1803 Gulf Boulevard
2.4 CITY-ST-ZIP Indian Rocks Beach, FL 34635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Colin Appleton* COLIN APPLETON 2.26.95 (813) 596 2525
(Signature and typed or printed name of signing officer or director. Date. (813) 596 2525 (Toll-free Phone #)