

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

FILED
May 20 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 # P95000055506 (6)
 1. Corporation Name
TICO GROUP, INC.



Principal Place of Business: **4330 S.W. 53RD AVE. DAVIE FL 33341**
 Mailing Address: **4330 S.W. 53RD AVE. DAVIE FL 33314-3823**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/17/1995	05/17/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0615722	<input checked="" type="checkbox"/> Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KEEGAN, MARY
4330 S.W. 53RD AVE.
DAVIE FL 33341

10. Name and Address of New Registered Agent
 81 Name: **MARY C. TUTTLE**
 82 Street Address (P.O. Box Number is Not Acceptable): **4330 S.W. 53RD AVE**
 83
 84 City: **DAVIE** FL 85 Zip Code: **33341**

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: Mary C. Tuttle DATE: 3/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	KEEGAN, MARY C	
STREET ADDRESS	4330 S.W. 53RD AVE.	
CITY-ST-ZIP	DAVIE FL 33341	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEEGAN, TIM	
STREET ADDRESS	1800 NE 114TH CT.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VP.	<input type="checkbox"/> DELETE
NAME	FRANK KEEGAN	
STREET ADDRESS	7805 N.W. 71ST ST.	
CITY-ST-ZIP	JAMARAC, FL. 33321	
TITLE	VP.	<input type="checkbox"/> DELETE
NAME	CHRIS TROTT	
STREET ADDRESS	20500 COUNTRY CLUB RD.	
CITY-ST-ZIP	AVENTURA, FL. 33180	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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	800002200048
5.3 STREET ADDRESS	-06/03/97--01081--013
5.4 CITY-ST-ZIP	***165.00
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: Mary C. Tuttle DATE: 3/20/97 504-2976

CP2E034 (9/96)