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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000069411 (3)

1. Corporation Name
SECRET PARTIES, INC.



Principal Place of Business: **1706 EAST SEMORAN BOULEVARD, SUITE 130 APOPKA FL 32703**
Mailing Address: **1706 EAST SEMORAN BOULEVARD, SUITE 130 APOPKA FL 32703-5600**

3. Date Incorporated or Qualified: **09/08/1995**
3a. Date of Last Report: **02/02/1996**
4. FEI Number: **59-3334792**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
**SIMMONS, SHELBY T
1706 E SEMORAN BLVD
SUITE 130
APOPKA FL 32703**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: DELETE
NAME: **PSTD SIMMONS, CYNTHIA C**
STREET ADDRESS: **1706 EAST SEMORAN BOULEVARD, SUITE 130**
CITY - ST - ZIP: **APOPKA FL 32703**
TITLE: DELETE
NAME: **V SIMMONS, SHELBY T**
STREET ADDRESS: **1706 EAST SEMORAN BOULEVARD, SUITE 130**
CITY - ST - ZIP: **APOPKA FL 32703**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY - ST - ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY - ST - ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY - ST - ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY - ST - ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY - ST - ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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 attachment with an address.

SIGNATURE: *Shelby T. Simmons* / **SHELBY T. SIMMONS** 1/15/97 (407) 884-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)