

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

FILED Jun 11 1997 8:00am Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079229 (7)
1. Corporation Name
6TH ESTATE, INC.

Principal Place of Business
800 DRUID ROAD EAST
CLEARWATER FL 34616

Mailing Address
800 DRUID ROAD EAST
CLEARWATER FL 34616-3912



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 05/01/1996
21. Suito. Apt. #, etc.	26. Suito. Apt. #, etc.	4. FEI Number APPLIED FOR 59-3449375	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PRESSON, GINA D 800 DRUID ROAD EAST CLEARWATER FL 34616	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 607.0506, Florida Statutes.


SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESSON, GINA D 800 DRUID ROAD EAST CLEARWATER FL 34616	<input type="checkbox"/> DELETE	1.1 TITLE P, S, T (GINA) HAMMESFAHR, GINA 800 DRUID RD, E. CLEARWATER, FL
NAME	HAMMESFAHR, WILLIAM M 800 DRUID ROAD EAST CLEARWATER FL 34616	<input checked="" type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
			2.1 TITLE
			2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

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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, on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)