

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096116 (5)
 1. Corporation Name
VOLCANO INDUSTRIES, INC.



Principal Place of Business 14775 PINE DRIVE LARGO FL 34844	Mailing Address 14775 PINE DRIVE LARGO FL 33774-3726
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2. Principal Place of Business 21 214 1ST. STREET Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 619 Suite, Apt. #, etc.
22 City & State 23 INDIAN ROCKS BEACH, FL	27 City & State 28 SAME
24 Zip 33785 Country PINELLAS	29 Zip 33785 Country PINELLAS

3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 02/29/1996
4. FEI Number 59-3366491 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FICK, GEORGE L
14775 PINE DRIVE
LARGO FL 34844**

10. Name and Address of New Registered Agent

81 Name **FICK, GEORGE L.**
 82 Street Address (P.O. Box Number is Not Acceptable)
214 1ST. STREET
 83
 84 City **INDIAN ROCKS BEACH FL** 85 Zip Code **33785**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.A TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICK, GEORGE L	1.P NAME	
STREET ADDRESS	14775 PINE DRIVE	1.B STREET ADDRESS	214 1ST. STREET
CITY - ST - ZIP	LARGO FL 34844	1.4 CITY - ST - ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	<input type="checkbox"/> DELETE	2.A TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW, BRUCE W	2.P NAME	
STREET ADDRESS	214 1ST AVENUE	2.B STREET ADDRESS	214 1ST. STREET
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 33645	2.4 CITY - ST - ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	<input type="checkbox"/> DELETE	3.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.P NAME	
STREET ADDRESS		3.B STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.P NAME	
STREET ADDRESS		4.B STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.P NAME	
STREET ADDRESS		5.B STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.P NAME	
STREET ADDRESS		6.B STREET ADDRESS	
CITY - ST - ZIP		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)(j), 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 _____ DATE **5/10/97**

CR2E034 (9/96)