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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # P96000037939**
MICHAEL S. GRIFFITHS, INC.
11502 7TH LANE NORTH, #1403
ST. PETERSBURG, FL 33716

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE \$200.00		ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE		4. FEI Number 59-3372831		Applied For	
		MAKE CHECK PAYABLE TO DEPARTMENT OF STATE				Not Applicable	
2. Mailing Address		2a. Principle Place of Business		5. Certificate of Status Desired		\$8.75	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
22	City & State	27	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$138.75 Supplemental Fee Not Required	
23	Zip	28	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

MICHAEL S. GRIFFITHS
11502 7TH LANE NORTH #1403
ST. PETERSBURG, FL 33716

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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____

12. OFFICERS AND DIRECTORS				13. OFFICERS AND DIRECTORS CHANGES			
1.1 TITLE	P/S/D			1.1 TITLE			
1.2 NAME	MICHAEL S. GRIFFITHS			1.2 NAME			
1.3 ADDRESS	11502 7TH LANE NORTH #1403			1.3 ADDRESS			
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33716			1.4 CITY - ST - ZIP			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 ADDRESS				2.3 ADDRESS			
2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP			
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5.2 NAME				5.2 NAME			
5.3 ADDRESS				5.3 ADDRESS			
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 ADDRESS				6.3 ADDRESS			
6.4 CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE _____ DATE _____

Print Name of Signing Officer or Director: Michael S. Griffiths Title: President Daytime Telephone Number: (813) 577-6776