

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Sep 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 # P96000052248 (7)
1. Corporation Name
PESPEDO CORPORATION



Principal Place of Business: **124 11TH STREET EAST TIERRA VERDE FL 33715**
Mailing Address: **124 11TH STREET EAST TIERRA VERDE FL 33715**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21	102 PINELLAS BAYWAY	26	6860 GULFPORT BLVD	06/19/1996		Applied For	
22	Suite, Apt. #, etc.	27	SUITE # 900	59-3386741		Not Applicable	
23	City & State TIERRA VERDE FL	28	City & State ST PETERSBURG FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24	Zip 33715-2373	29	Zip 33707-2108	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25	Country USA	30	Country USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLYNN, WILLIAM J ESQ 501 EAST KENNEDY BOULEVARD SUITE 1700 TAMPA FL 33602				B1	Name GULF TAX INC - BRIAN LIGHT		
				B2	Street Address (P.O. Box Number is Not Acceptable) 6860 GULFPORT BLVD		
				B3	SUITE # 900		
				B4	City ST PETERSBURG	FL	B5 Zip Code 33707-2108

14. 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: **B. Light (Pres) Gulf Tax Inc - SECRETARY** DATE: **9/16/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ELBERT, PETER H	1.2 NAME	PETER H. ELBERT
STREET ADDRESS	124 11TH STREET EAST	1.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33707-2108
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP DORIS ELBERT
STREET ADDRESS		2.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707-2108
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T SUSANNE ELBERT
STREET ADDRESS		3.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33707-2108
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S BRIAN LIGHT
STREET ADDRESS		4.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST PETERSBURG FL 33707-2108
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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)(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: **B. Light SECRETARY** DATE: **9/16/97** (813) 345 0601

CR2E034 (4/97)