

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 18 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053259 (3)
1. Corporation Name

A Lesting Wish Foundation, Inc
Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 6-21-96	3a. Date of Last Report
4. FLI Number 59-3420110	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	

2. Principal Place of Business	2a. Mailing Address
21 12805 Bay Leaf PL Suite, Apt. #, etc.	26 P.O. Box 274082 Suite, Apt. #, etc.
22 City & State Tampa FL	27 City & State Tampa FL
24 Zip 33624	25 Country USA
28 Zip 33688-4082	30 Country USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Michael W. McAllister			
				82 Street Address (P.O. Box Number is Not Acceptable) 12805 Bay Leaf PL			
				83			
				84 City Tampa	85 Zip Code FL 33624		

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: Michael W. McAllister DATE: **11/7/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Dean, Donald S. Jr.			1.2 NAME			
STREET ADDRESS	23175 Selkirk Ave			1.3 STREET ADDRESS	000002350710-13		
CITY-ST-ZIP	Brocksville, FL 34601			1.4 CITY-ST-ZIP	-11/18/97-01069-001		
					*****26.25 *****26.25		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	Michael McAllister Jr.		
STREET ADDRESS				2.3 STREET ADDRESS	12805 Bay Leaf PL		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Tampa, FL 33624		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	STV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	Kevin M. Cross		
STREET ADDRESS				3.3 STREET ADDRESS	12805 Bay Leaf PL		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Tampa, FL 33624		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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: Mike McAllister DATE: **11/7/97** (813) 960-3311

CR2E034 (9/96)