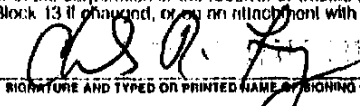


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S28130 (0)					
Charles R. Fagan, CPA, P.A.					
Principal Place of Business			Mailing Address		
4175 East Bay Dr #200-A Clearwater, FL 34624			4175 East Bay Dr. #200-A Clearwater, FL 34624		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		01/28/1991	
22. City & State		27. City & State		3a. Date of Last Report	
23. Zip		28. Zip		05/01/1996	
24. Country		29. Country		4. FEI Number	
				59-3043918	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
Fagan, Charles R. 8957 110th Street North Seminole, FL 34642				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May be Added to Fees	
				7. This corporation has liability for intangible tax under Florida Statutes	
				☒ Yes ☐ No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	
				85. Zip	
12. OFFICERS AND DIRECTORS					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
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					
700002193397					
-05/28/97--01062--037					
***165.00					
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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.					
SIGNATURE:  CHARLES R. FAGAN 4/29/97 (813) 530-5912					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9-96)