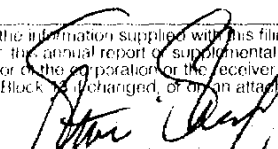


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 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 # P96000062658 (5)			
1. Corporation Name 109, INC.			
Principal Place of Business 1167 3RD STREET SOUTH #101 NAPLES FL 34102		Mailing Address 1167 3RD STREET SOUTH #101 NAPLES FL 34102-7080	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent SHEAF, STEVEN L 1167 3RD STREET SOUTH #101 NAPLES FL 34102		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____		1.1 TITLE _____	
NAME _____		1.2 NAME _____	
STREET ADDRESS _____		1.3 STREET ADDRESS _____	
CITY - ST - ZIP _____		1.4 CITY - ST - ZIP _____	
TITLE _____		2.1 TITLE _____	
NAME _____		2.2 NAME _____	
STREET ADDRESS _____		2.3 STREET ADDRESS _____	
CITY - ST - ZIP _____		2.4 CITY - ST - ZIP _____	
TITLE _____		3.1 TITLE _____	
NAME _____		3.2 NAME _____	
STREET ADDRESS _____		3.3 STREET ADDRESS _____	
CITY - ST - ZIP _____		3.4 CITY - ST - ZIP _____	
TITLE _____		4.1 TITLE _____	
NAME _____		4.2 NAME _____	
STREET ADDRESS _____		4.3 STREET ADDRESS _____	
CITY - ST - ZIP _____		4.4 CITY - ST - ZIP _____	
TITLE _____		5.1 TITLE _____	
NAME _____		5.2 NAME _____	
STREET ADDRESS _____		5.3 STREET ADDRESS _____	
CITY - ST - ZIP _____		5.4 CITY - ST - ZIP _____	
TITLE _____		6.1 TITLE _____	
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, unchanged, or on an attachment with an address.			
SIGNATURE: 		STEVEN L. SHEAF	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 3-14-97 DAYTIME PHONE: 741/643-5113	



CR2E034 (9/96)