


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737178** (4)
1. Corporation Name
FLORIDA IRRIGATION SOCIETY, INC.



Principal Place of Business 1025 S. SEMORAN BLVD. BLDG. 1 STE. 1083 WINTER PARK FL 32792 US	Mailing Address P. O. BOX 1627 GOLDENROD FL 32733-1627 US	3. Date Incorporated or Qualified 10/29/1976	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1781561	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MURPHY, KATHY S 1025 S. SEMORAN BLVD. BLDG. 1 STE. 1083 WINTER PARK FL 32792		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	
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11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T/D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZAKHANI, MOSLEH	1.2 NAME	S/D
STREET ADDRESS	P.O. DRAWER 18279	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33416-8279 NA	1.4 CITY-ST-ZIP	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLERTON, LISA	2.2 NAME	Harlan Hineline
STREET ADDRESS	427 SOUTHERN BLVD	2.3 STREET ADDRESS	Port Orange Plumbing NA
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	P.O. Box 290874 Port Orange FL 32129
TITLE	P/D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIWANCHIK, MIKE	3.2 NAME	
STREET ADDRESS	6416 OLD WINTER GARDEN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, VANN	4.2 NAME	Sam Lynn
STREET ADDRESS	PO BOX 381193	4.3 STREET ADDRESS	6835 Commerce Ave.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Port Richey FL 34668
TITLE	V/D <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAND, ROBERT	5.2 NAME	
STREET ADDRESS	5008 W. LINEBAUGH AVE. #28	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	5.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN, BILL	6.2 NAME	
STREET ADDRESS	707 PESCADOR AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Morfham **SIGNATURE REQUIRED** Harlan T. Hineline Jr 4/16/97 9042560848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013841

CR2E037 (9/96)