


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  
Jul 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V66654** (7)  
1. Corporation Name  
**FLORIDA CREDIT UNION SHARED SERVICES, INC.**

Principal Place of Business  
**3773 COMMONWEALTH BLVD  
TALLAHASSEE FL 32303  
US**

Mailing Address  
**3773 COMMONWEALTH BLVD  
TALLAHASSEE FL 32303  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1992</b>	3a. Date of Last Report <b>03/29/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3183812</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PARK, JAMES H 3773 COMMONWEALTH BLVD TALLAHASSEE FL 32303</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ASHE, JANICE</b>	1.2 NAME	<b>MARK LECAIN</b>
STREET ADDRESS	<b>8450 WEST 21ST COURT</b>	1.3 STREET ADDRESS	<b>1400 EAST PARK AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	1.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32302</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEACHER, BOB</b>	2.2 NAME	<b>BOB BLEACHER</b>
STREET ADDRESS	<b>1081 WEST OAKLAND PARK BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOUNT, GREG</b>	3.2 NAME	
STREET ADDRESS	<b>8000 NW 7TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33102</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADDOCK, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>101 BELL TELL WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOD, GUY</b>	5.2 NAME	
STREET ADDRESS	<b>3773 COMMONWEALTH BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERSMAN, DON</b>	6.2 NAME	
STREET ADDRESS	<b>70 ROYAL POINCIANNA BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	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 its 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 in an attachment with an address

SIGNATURE

*Don M. Hoos*

7/27/97

87-531-0171

CR2E034 (4/97)