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Feb 28 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 # 172665 (2)

1. Corporation Name:
733 FIFTH AVENUE NORTH INCORPORATED

Principal Place of Business
735 5TH AVENUE, N.
ST. PETERSBURG FL 33701
US

Mailing Address
735 5TH AVENUE, N.
ST. PETERSBURG FL 33701-2264
US



3. Date Incorporated or Qualified 03/10/1953	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0029856	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Apt # 8 28 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent ELAINE FINNEY 735 5TH AVENUE, N. APT 1 ST. PETERSBURG FL 33701	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 except Apt # - is #8 84 City FL 85 Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, JAMES 733 FIFTH AVE NORTH APT. 5 ST PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE CALKIN 425 CAROLINE STREET KEY WEST FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SAME 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELAINE FINNEY 735 5TH AVENUE, N. #8 ST PETERSBURG FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SAME 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFF DAVENPORT 733 5TH AVENUE, N. #2 ST PETERSBURG FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD Richard Dark 733 5th Avenue, N. #3 ST Petersburg, FL. 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK CWIEK 735 5TH AVENUE, N. #10 ST. PETERSBURG FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Garry Faulk 733 5th Avenue, N. #6 ST Petersburg, FL. 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Elaine Finney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REQUIRED 2-24-97
(813) 898-5086
(407) 696-8623

CR2E034 (9/96)