

APR 17, 1997.  
(INSTATE: \$750.)

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DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>05/27/1962</b>	3a. Date of Last Report <b>01/23/1996</b>	
4. FEI Number <b>59-0900711</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE Mary Ann Galloway  
Signature, typed or printed name of registered agent and title if applicable.

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

(NOTE: Register Agent signature required when reinstating)

DAY

12.	OFFICERS AND DIRECTORS		13.
TITLE	ST	<input type="checkbox"/> DELETE	1.1
NAME	BALLARD, ELWYN B		1.2
STREET ADDRESS	15355 S W 232 STREET		1.3
CITY - ST - ZIP	GOULDS, FL 00000		1.4
TITLE	V	<input type="checkbox"/> DELETE	2.1
NAME	BALLARD, ARTHUR A.		2.2
STREET ADDRESS	22150 SW 15TH AVE		2.3
CITY - ST - ZIP	GOULDS, FL 00000		2.4
TITLE	DP	<input type="checkbox"/> DELETE	3.1
NAME	BALLARD, MARY ANN		3.2
STREET ADDRESS	15355 S W 232 ST		3.3
CITY - ST - ZIP	GOULDS, FL 00000		3.4
TITLE		<input type="checkbox"/> DELETE	4.1
NAME			4.2
STREET ADDRESS			4.3
CITY - ST - ZIP			4.4
TITLE		<input type="checkbox"/> DELETE	5.1
NAME			5.2
STREET ADDRESS			5.3
CITY - ST - ZIP			5.4
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

Agent signature required when reinstating)		DATE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
REET ADDRESS				
ITY - ST - ZIP				
FILE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
REET ADDRESS				
ITY - ST - ZIP				
FILE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
REET ADDRESS				
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FILE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
REET ADDRESS				
ITY - ST - ZIP				
FILE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
REET ADDRESS				
ITY - ST - ZIP				

<p>14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true. I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address</p>	<p>Y-ST-ZIP</p>
	<p>exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under oath; that accurate this report as required by Chapter 607, Florida Statutes; and that my name</p>

SIGNATURE: *ChamS B. K. H. P. EQUUS* *11/27/91* *205 250 3543*

CB2E034 (4/97)