

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 12 1997 8:00am
Secretary of State

DOCUMENT # 331144 (6)

1. Corporation Name
FIN & FEATHER, INC.

Principal Place of Business

RT. 4. 670
OKEECHOBEE FL 34974

Mailing Address

RT. 4. 670
OKEECHOBEE FL 34974-9317



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1968		3a. Date of Last Report 12/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1214060		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HERBERT C. GIBSON, ESQ 209 S OLIVE AVE WEST PALM BEACH FL 33401				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 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	VP	1.1 TITLE	
NAME	PEARCE, LELAND	1.2 NAME	
STREET ADDRESS	250 BUCKHEAD RIDGE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34974	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	PEARCE, VIVIAN	2.2 NAME	
STREET ADDRESS	95 LISA LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34974	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	PEARCE, MILDRED	3.2 NAME	
STREET ADDRESS	250 BUCKHEAD RIDGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34974	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	PEARCE, MILDRED	4.2 NAME	
STREET ADDRESS	250 BUCKHEAD RIDGE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	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 if changed, or on an attachment with an address.

SIGNATURE: Vivian Pearce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

Date

(941) 7632826

Daytime Phone # 0010133

CR2E034 (9/96)