

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

FILED

May 08 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 # 430399

(6)

1. Corporation Name

1-23 PRODUCTS INC

Principal Place of Business

Mailing Address

3800 NORTH US #1  
COCOA FL 32926

3800 NORTH US #1  
COCOA FL 32926-5906



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1973		3a. Date of Last Report 08/16/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1469149		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	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
FLAKE, UNWELL C. 225 WEST LAUREN COURT MERRITT ISLAND FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAKE, UNWELL C.			1.2 NAME			
STREET ADDRESS	225 WEST LAUREN COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL			1.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAKE, HELEN H.			2.2 NAME			
STREET ADDRESS	225 WEST LAUREN COURT			2.3 STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, CYNTHIA D.			3.2 NAME	D BROWN, CYNTHIA D.		
STREET ADDRESS	1101 GLENDALE AVE., NW			3.3 STREET ADDRESS	881 BELLVUE STREET, NE		
CITY - ST - ZIP	PALM BAY FL			3.4 CITY - ST - ZIP	PALM BAY, FL 32907		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAKE, HELEN H.			4.2 NAME			
STREET ADDRESS	225 WEST LAUREN COURT			4.3 STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL			4.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAKE, DARRYL L.			5.2 NAME	FLAKE, DARRYL L.		
STREET ADDRESS	285 STAGECOACH TRAIL			5.3 STREET ADDRESS	1210 SOUTH ATLANTIC AVE.		
CITY - ST - ZIP	ELIZABETH CO			5.4 CITY - ST - ZIP	COCOA BEACH, FL 32931		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:

*Lynnell C. Flake*  
Lynnell C. Flake

04-03-97

407-631-1340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0102386

CP2E034 (9/96)