


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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 444586 (2)  
1. Corporation Name  
COCOA BAY CORP.

Principal Place of Business  
800 SWITCHGRASS ISLAND ROAD  
COCOA FL 32926

Mailing Address  
800 SWITCHGRASS ISLAND ROAD  
COCOA FL 32926-2324

3. Date Incorporated or Qualified 01/22/1974	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1511335	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PLIS, EDWARD 3750 OAKHILL DRIVE TITUSVILLE FL 32781		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	RICE, PHYLLIS CLIFTON		
800 SWITCHGRASS ISL RD		1.3 STREET ADDRESS	
COCOA FL		1.4 CITY - ST - ZIP	
SD	PLIS, EDWARD	2.1 TITLE	
3750 OAKHILL DRIVE		2.2 NAME	
TITUSVILLE FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
VD	WALDRON, ELBERT, H	3.1 TITLE	VD
2917 PENN FOREST BLVD		3.2 NAME	Robert B. Clifton
ROANOKE VA		3.3 STREET ADDRESS	2845 King Street, #307
		3.4 CITY - ST - ZIP	Cocoa, FL 32926
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 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: \_\_\_\_\_ 4-23-97 407/632-5016

CR2E034 (9/96)