

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 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 # 455040 (6)
1. Corporation Name
NASH-CLARK & VICARIO, INC.

Principal Place of Business
13923 ICOT BLVD. SUITE 814
CLEARWATER FL 34620

Mailing Address
ATTN: TAX DEPT
TRUMBULL CT 06811
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1974		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1543009		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State Trumbull, CT	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FARNSWORTH, DAVID, C
1900 HAWAII AVE NE
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAYES, JOHN M		1.2 NAME				
STREET ADDRESS	2581 BARRY COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	YORKTOWN HEIGHTS NY		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HENNESSY, DENNIS J.		2.2 NAME				
STREET ADDRESS	CODFISH HILL RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	BETHEL CT		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FARNSWORTH, DAVID C.		3.2 NAME				
STREET ADDRESS	1900 HAWAII AVE NE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 33703		3.4 CITY-ST-ZIP				
TITLE	CD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	KUBOVIC, JOHN W.		4.2 NAME				
STREET ADDRESS	1925 HUNTINGTON TURNPIKE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TRUMBULL CT		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KIMBERLIN, JON E		5.2 NAME				
STREET ADDRESS	118 RIVERGATE DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	WILTON CT		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CUNNINGHAM, EDWARD		6.2 NAME				
STREET ADDRESS	20 HILL CIRCLE		6.3 STREET ADDRESS				
CITY-ST-ZIP	TRUMBULL CT		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:

[Signature]
SIGNATURE REQUIRED

John M. Hayes 9/5/97 (202) 459-3646
TAX DEPT

CR2E034 (4/97)