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Apr 10 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 # 536769 (3)
1. Corporation Name
PLEIN ENTERPRISES, INC.



Principal Place of Business: 1956 BRITTANY CT. PALM HARBOR FL 34683 US
Mailing Address: 1956 BRITTANY CT. PALM HARBOR FL 34683-5725 US

3. Date Incorporated or Qualified: 06/08/1977
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PLEIN, BEVERLY A.
8585 NORTHWEST 118TH TERRACE
OCALA FL 34482

10. Name and Address of New Registered Agent
81 Name: Beverly Plein
82 Street Address (P.O. Box Number is Not Acceptable): 1956 Brittany Ct
83
84 City: Palm Harbor FL 85 Zip Code: 34683

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 relistening) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Beverly Plein PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEIN, BEVERLY A.	1.2 NAME	Beverly Plein
STREET ADDRESS	8585 NORTHWEST 118TH TERRACE	1.3 STREET ADDRESS	1956 Brittany Ct.
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	SD	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEIN, STEVEN J.	2.2 NAME	Staus Plein
STREET ADDRESS	1114 SOUTHWEST 143RD STREET	2.3 STREET ADDRESS	5215 Wellfield DR.
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	N. Port Richey, FL 34655
TITLE	VD	3.1 TITLE	Beverly Plein VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEIN, BEVERLY A.	3.2 NAME	Beverly Plein
STREET ADDRESS	8585 NORTHWEST 118TH TERRACE	3.3 STREET ADDRESS	1956 Brittany Ct
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: _____ SIGNATURE REQUIRER: Beverly Plein Date: 3-8-97 Daytime Phone # _____

CR2E034 (9/96)