

File Now. Filing Fee after May 1 is \$225.00

FILED
97 JUL -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1977		3a. Date of Last Report 03/16/1992	
4. FEI Number 591808914		Applied For	
		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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$138.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent			

HINMAN, LEE M.
1510 BOTTLEBRUSH DR NE #4
PALM BAY FL 32905-0163

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable) 234 TWIN LAKES DRIVE		
83			
84	City PANAMA CITY BEACH FL	85	Zip Code 32413-1412
		86	Country BAY

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 Les M. Korman
(Registered Agent Accepting Appointment)

DATE 6/2/97

OFFICERS AND DIRECTORS

NAME	ITN
PERSONAL NAME	ITMAN, LEE M.
ADDRESS	1510 BOTTLEBRUSH DR NE 4 BALM BAY FL

CITY - ZIP NAME ADDRESS CITY - ZIP	HINMAN, LEE M. 1510 BOTTLEBRUSH DR NE 4 PALM BAY FL
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NAME
ADDRESS
CITY ST. ZIP

1 TITLE	
2 NAME	
3 ADDRESS	
4 CITY - ST - ZIP	

1 TITLE	
2 NAME	
3 ADDRESS	
4 CITY - ST - ZIP	

1 TITLE	
2 NAME	
3 ADDRESS	
4 CITY- ST- ZIP	

I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE Les M. Heinman

DATE 6/2/97

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

1 TITLE
2 **REINSTATEMENT** 96-97
3

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***915.00 ***915.00

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