FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **592317** **(2)**

1. Corporation Name
SUTTONWOOD INC.

Principal Place of Business
26711 SHERWOOD LANE
BONITA SPRINGS, FL 33923

Mailing Address
26711 SHERWOOD LANE
BONITA SPRINGS, FL 33923

3. Date Incorporated or Qualified: **11/03/1978**
3a. Date of Last Report: **01/25/1995**

4. FEI Number: **59-2411858** [ ] 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. Is your business subject to tax under s. 199.032, Florida Statutes? [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
NEER, HELEN
54 NO EDGE DR
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent
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 Section 607.0505, or Chapter 15, Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the undersigned hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY, ST, ZIP	
	SD	NEER, HELEN	54 NORTH EDGE DR	LAKE PLACID FL
	D	OWLER, LOIS	13348 CARIBBEAN BLVD SE	FORT MYERS FL
	D	OWLER, THOMAS D.	13348 CARIBBEAN BLVD SE	FORT MYERS FL
	PD	COE, JANICE IRENE	23 PINE AVENUE TORONTO	ONTARIO, CANADA

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	NAME	STREET ADDRESS	CITY, ST, ZIP	
				[ ] Change [ ] Addition
				[X] Change [ ] Addition
		6854 COCONUT GROVE CIRCLE	ELLENTON, FL 34222	[X] Change [ ] Addition
		6854 COCONUT GROVE CIRCLE	ELLENTON, FL 34222	[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 of this report or in any attachment as an officer or director.

SIGNATURE: HELEN NEER 4/2/96 (941) 992-7407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)