

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.)

APPROVED
AND
FILED

1998 MAR -5 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997 <i>98</i>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 609293 (6)
1. Corporation Name
TROLLEY STATIONS, INC.

Principal Place of Business
1940 STICKNEY POINT RD
SUITE S
SARASOTA FL 34231
US

Mailing Address
1940 STICKNEY POINT RD
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3550 CLARK RD Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34231	2a. Mailing Address 26 3550 CLARK RD Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34231	3. Date Incorporated or Qualified 01/29/1979 4. FEI Number 59-1890037 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 03/11/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MARSHALL, KENNETH L. 8051 NORTH TAMiami TRAIL SUITE 33 SARASOTA FL 34243	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 4440 Center Gate Blvd. 84 City SARASOTA FL 85 Zip Code 34233
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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 *Kenneth L. Marshall* DATE 3/4/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD FISHER, DONALD A II 1824 ISLAND WAY OSPREY, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 534 OAK GAIL DRIVE OSPREY FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD FISHER, DONALD A 4526 LAKECREST PL SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 610 PINE RANCH RD, EAST OSPREY FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD FISHER, SUSAN JA II 4526 LAKECREST PL SARASOTA, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 610 PINE RANCH RD, EAST OSPREY FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

REINSTATEMENT

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03/06/98 0114 016
****908.75 ****908.75

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 *Kenneth L. Marshall* DATE 3/4/98

CR2E034 (4/97)