


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 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 # 629802		(0)	
1. Corporation Name R.L. ENGLISH & ASSOCIATES, INC.			



Principal Place of Business 5528 NAVAHO DRIVE PENSACOLA FL 32507 US	Mailing Address 5528 NAVAHO DRIVE PENSACOLA FL 32507-8742 US
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2. Principal Place of Business 21 5-B WESTLAKE DR State Apt. #, etc. 22 City & State 23 ORANGE CITY FL Zip Country 24 32763-6141 25		2a. Mailing Address 26 5-B WESTLAKE DR Suite Apt. #, etc. 27 City & State 28 ORANGE CITY, FL Zip Country 29 32763-6141 30		3. Date Incorporated or Qualified 07/17/1979		3a. Date of Last Report 03/08/1996	
				4. FEI Number 59-1936452		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	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PHILLIPS, GEORGE G 212 E CHURCH ST PENSACOLA FL FL				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 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ENGLISH, ROBERT L 5528 NAVAHO DR PENSACOLA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5-B WESTLAKE DR ORANGE CITY, FL 32763-6141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGLISH, ROBERT L JR 12381 N. PINE VISTA TRAIL PARKER CO <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5-B WESTLAKE DR ORANGE CITY, FL 32763-6141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLISH, ELEANOR L 5528 NAVAHO DRIVE PENSACOLA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5-B WESTLAKE DR ORANGE CITY, FL 32763-6141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, SUSAN L. 2223-B N ORCHARD AVE. CHICAGO IL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, JOSEPH M. 2223-B N ORCHARD AVE. CHICAGO IL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  2/3/97 904/775-9613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
0468356

CR2E034 (9/96)