

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 653080 (2)
1. Corporation Name
DURA-SHED, INC.

Principal Place of Business
C/O STEVEN C. AMES
4101 ROLLING SPRINGS DRIVE
TAMPA FL 33624

Mailing Address
P. O. BOX 2667
4101 ROLLING SPRINGS DRIVE
LUTZ FL 33548-2667
US



2. Principal Place of Business 21 2820 Max Smith Road Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. Box 2667 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/11/1980	3a. Date of Last Report 05/01/1996
22 City & State 23 Lutz, Florida		27 City & State 28 Lutz, Florida		4. FEI Number 59-1970416	Applied For Not Applicable
24 Zip 33549		25 Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33548		29 Country Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DEE, BRUCE D. 1167 THIRD STREET SOUTH SUITE 101 NAPLES FL 33940				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				10. Name and Address of New Registered Agent	

DEE, BRUCE D.
1167 THIRD STREET SOUTH
SUITE 101
NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE, BRUCE D	1.2 NAME	
STREET ADDRESS	285 BAHIA PT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, STEVEN C	2.2 NAME	
STREET ADDRESS	4101 ROLLING SPGS DR	2.3 STREET ADDRESS	2820 Max Smith Road
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	Lutz, Florida 33549
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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:

Steven C. Ames 4/28/97 (813) 240-6430

CR2E034 (9/96)