
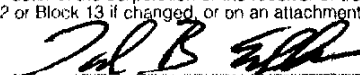


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 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 # 677348		(5)					
1. Corporation Name ECKHOUSE & ASSOCIATES, INC.							
Principal Place of Business 2637 MCCORMICK DR. CLEARWATER FL 34619 US		Mailing Address 2637 MCCORMICK DR. SUITE 1600 CLEARWATER FL 34619-1041 US					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1980			
21		26		3a. Date of Last Report 04/22/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2534784			
22		27		Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29		25		30	
9. Name and Address of Current Registered Agent ECKHOUSE, TOD B. 2637 MCCORMICK DR. CLEARWATER FL 3419				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
6.2 NAME							
6.3 STREET ADDRESS							
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

CR2E034 (9/96)