


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714912 (3) 1. Corporation Name MID STATE ANTIQUE BOTTLE COLLECTORS, INC.

Principal Place of Business 88 SWEETBRIAR BRANCH LONGWOOD FL 32750	Mailing Address 88 SWEETBRIAR BRANCH LONGWOOD FL 32750-2783
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/08/1968	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7046576		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BENSON, CARL A. 3400 EAST GRANT AVENUE ORLANDO FL 32806				10. Name and Address of New Registered Agent 81 Name STURM, J. CARL 82 Street Address (P.O. Box Number is Not Acceptable) 88 SWEETBRIAR BRANCH 83 LONGWOOD, FL 84 City FL 85 Zip Code 32750			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *J. Carl Sturm* **J. CARL STURM** **8/29/97**

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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STURM, CARL	
NAME	THOMPSON, HOWARD		1.2 NAME			88 SWEETBRIAR BRANCH	
STREET ADDRESS	4811 PLYMOUTH-SORRENTO RD.		1.3 STREET ADDRESS			LONGWOOD, FL. 32750	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Roy SINGGA	
NAME	YOUNG, EDWARD		2.2 NAME			1910 Thunderbird Trail	
STREET ADDRESS	4402 BRANDEIS AVE.		2.3 STREET ADDRESS			Maitland, FL. 32751	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Venable, Myra	
NAME	VENABLE, MYRA		3.2 NAME			717 clemwood Pl	
STREET ADDRESS	717 CLEMWOOD PLACE		3.3 STREET ADDRESS			Orlando, FL 32803-6905	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE	DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MICHAEL SHRA SECRETARY	
NAME	STURM, CARL		4.2 NAME			P.O. Box 470814	
STREET ADDRESS	88 SWEETBRIAR BRANCH		4.3 STREET ADDRESS			Lake Monroe, Florida 32747	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Bd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Howard Thompson	
NAME	THOMPSON, SANDRA		5.2 NAME			4611 Plymouth-Sorrento Rd	
STREET ADDRESS	4811 PLYMOUTH-SORRENTO RD.		5.3 STREET ADDRESS			Apopka, FL.	
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Bd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Ed Young	
NAME	BENSON, CARL		6.2 NAME			4402 Brandeis Ave	
STREET ADDRESS	3400 E GRANT AVE		6.3 STREET ADDRESS			Orlando, FL. 32839	
CITY-ST-ZIP	ORLANDO FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael Shra* **Michael Shra** **8/29/97** **(407) 994-9718**

CR2E037 (9/96)