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Feb 07 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 # 718000 (3)

1. Corporation Name
VOITURE 541, 40&8, INCORPORATED

Principal Place of Business C/O JACK F. HOPKINS 2120 MORNINGSDRIVE SAFETY HARBOR FL 34695	Mailing Address C/O JACK F. HOPKINS 2120 MORNINGSDRIVE SAFETY HARBOR FL 34695-2026
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 02/03/1970	3a. Date of Last Report 02/12/1996
4. FEI Number 23-7371660	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOPKINS, JACK F.
2120 MORNINGSDRIVE
SAFETY HARBOR FL 34695**

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 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SRA <input type="checkbox"/> DELETE
NAME	HOPKINS, JACK F.
STREET ADDRESS	2120 MORNINGSDRIVE
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PETTIBONE, JOHN
STREET ADDRESS	3160 CHAMBLEE LANE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FENSCH, WILLIAM
STREET ADDRESS	2855 SARAH DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRINGTON, DONALD SR.
STREET ADDRESS	2743 NAVAL DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	P <input type="checkbox"/> DELETE
NAME	JEDREY, EDWARD C.
STREET ADDRESS	13237 87TH PLACE NO.
CITY-ST-ZIP	SEMINOLE FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DATZ, EDWARD
STREET ADDRESS	168 STEEPLE CHASE LANE
CITY-ST-ZIP	PALM HARBOR FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V HENRY MOSES SR.
6.3 STREET ADDRESS	1848 EMORY DR.
6.4 CITY-ST-ZIP	CLEARWATER FL 34625-1413

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: *Jack F. Hopkins* **1-13-97 (813) 264-518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000210

CR2E037 (9/96)