

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **725913** (8)

1. Corporation Name
ARCHISAN, INC.



Principal Place of Business RT 5 BOX 164 LURAVILLE FL 32060	Mailing Address RT 5 BOX 164 LURAVILLE FL 32060-9805
---	--

3. Date Incorporated or Qualified 03/26/1973	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 9352 30th TRAIL Suite, Apt. #, etc. 22 City & State 23 LIVE OAK FL Zip Country 24 32060 25 SUWANNEE	2a. Mailing Address 26 9352 30th TRAIL Suite, Apt. #, etc. 27 City & State 28 LIVE OAK FL Zip Country 29 32060 30 SUWANNEE
--	---

4. FEI Number 59-1687747	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MADDALINO, CANDY
RT-5 BOX-164
LIVE OAK FL 32060
9352 30th TRAIL
LIVE OAK FL 32060

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	CONWAY, PAUL
STREET ADDRESS	422 PAMPA ST
CITY-ST-ZIP	PASADENA TX
TITLE	STD <input type="checkbox"/> DELETE
NAME	MADDALINO, CANDY
STREET ADDRESS	RT-5 BOX-164 9352 30th TRAIL
CITY-ST-ZIP	LIVE OAK, FL 00000 LIVE OAK FL 32060
TITLE	PD <input type="checkbox"/> DELETE
NAME	MADDALINO, PATRICK
STREET ADDRESS	RT-5 BOX-164 9352 30th TRAIL
CITY-ST-ZIP	LIVE OAK, FL 00000 LIVE OAK FL 32060
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ANN MADDALINO** 2/10/97 904-364-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000782

CR2E037 (9/96)