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FILED
May 22 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 # **729726** (0)

1. Corporation Name

FLATROC, INC.



Principal Place of Business 1300 NW 155 STREET CITRA FL 32113 US	Mailing Address P.O. BOX 115 ORANGE LAKE FL 32661-0115 US
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3. Date Incorporated or Qualified 05/22/1974	3a. Date of Last Report 07/31/1996
4. FEI Number 23-7410310	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOTT, CHARLES, J.
1300 NW 155 STREET
CITRA FL 32113**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	1300 NW 155 ST., CITRA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, CHARLES J.	1.2 NAME	PO BOX 115 32113
STREET ADDRESS	1300 NW 155 STREET	1.3 STREET ADDRESS	ORANGE LAKE, FL 32661
CITY - ST - ZIP	CITRA FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYHUS, JUDITH	2.2 NAME	PO BOX 115 1300 NW 155 ST
STREET ADDRESS	26 HILLSTEAD RD, STE 0	2.3 STREET ADDRESS	CITRA FL 32113
CITY - ST - ZIP	CLAREMONT NH	2.4 CITY - ST - ZIP	ORANGE LAKE, FL 32661
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	2408 Timbercreek Loop W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, MARYELLEN	3.2 NAME	Lakeland, FL 33800
STREET ADDRESS	220 GLEN OAKS AVE, STE 0-201	3.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERR FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles J. Mott (Charles J. Mott) 4/21/97 813 725 3382

CR2E037 (9/96)