

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845166 (8)

1. Corporation Name

PURCHASE CORPORATION



Principal Place of Business

Mailing Address

4401 EAST ALOHA DRIVE
~~SUITE 3~~
DIAMONDHEAD MS 39525
US

4401 EAST ALOHA DRIVE
~~SUITE 3~~
DIAMONDHEAD MS 39525
US

3. Date Incorporated or Qualified
02/05/1980

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	JOFFE, CARL H	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-STATE-ZIP	DIAMONDHEAD MS	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ALEXANDER, BILL	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-STATE-ZIP	DIAMONDHEAD MS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAMES, ARTIS E	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-STATE-ZIP	DIAMONDHEAD MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOWN, JOHN	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-STATE-ZIP	DIAMONDHEAD MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HECTOR, HOLCOMB P.	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-STATE-ZIP	DIAMONDHEAD MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carl H. Joffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

(601) 255-7773

Date

Daytime Phone #

CR2E034 (12/95)