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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
4401 EAST ALOHA DRIVE
DIAMONDHEAD MS 39525
US

Mailing Address
4401 EAST ALOHA DRIVE
DIAMONDHEAD MS 39525-3303
US



3. Date Incorporated or Qualified 02/05/1980
3a. Date of Last Report 02/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 64-0633303		Applied For	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 in full conformity with and accept the obligations of, Section 607.0505, 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	S JOFFE, CARL H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4401 EAST ALOHA DR	1.2 NAME	
STREET ADDRESS	DIAMONDHEAD MS	1.3 STREET ADDRESS	
CITY - ST - ZIP	VPT	1.4 CITY - ST - ZIP	
TITLE	ALEXANDER, BILL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4401 EAST ALOHA DR	2.2 NAME	
STREET ADDRESS	DIAMONDHEAD MS	2.3 STREET ADDRESS	
CITY - ST - ZIP	PD	2.4 CITY - ST - ZIP	
TITLE	JAMES, ARTIS E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4401 EAST ALOHA DR	3.2 NAME	
STREET ADDRESS	DIAMONDHEAD MS	3.3 STREET ADDRESS	
CITY - ST - ZIP	D	3.4 CITY - ST - ZIP	
TITLE	MCCOWN, JOHN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4401 EAST ALOHA DR	4.2 NAME	
STREET ADDRESS	DIAMONDHEAD MS	4.3 STREET ADDRESS	
CITY - ST - ZIP	V	4.4 CITY - ST - ZIP	
TITLE	HECTOR, HOLCOMB P.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4401 EAST ALOHA DR	5.2 NAME	
STREET ADDRESS	DIAMONDHEAD MS	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 stated 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)