FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
PROFIT CORPORATION			RTMENT OF STATE	Mar 17 1997 8:00am	
ANNUAL REPORT			B. Mortham ary of State	1	
	1997	DIVISION OF	CORPORATIONS	Secreta	ry of State
	MENT # 854 MR. T., INC.	682 (2)			
		Mailing Address 1220 EAST PERSHING RI DECATUR IL 62526-4785).	, 184141 18141 01111 31418 31101 18118 1911 	II) BLOUT OLETI BURKL OLEJI BIBII IDOL
				3. Date incorporated or Qualified 11/16/1982	3a. Date of Last Report 06/27/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		37-0863707 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 City & Stat	le	27 City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has llability for int Florida Statutes	*
	9. Name and Address of	of Current Registered Agent		10. Name and Address of New Regi	
THACKER, CARL 181 Name 27611 LIME ST 182 Street Address (P.O. Box Number is Not Acceptable)					
BONITA SPRINGS FL 33923					DR
			83		
			84 Cip	ITA SPRINCS	FI 85 Zip Code
11. Pursuarit	to the provisions of Sections	s 607.0502 and 607.1508, Florida Statu the State of Florida, Such change was	ites, the above-named corr authorized by the cornora	poration submits this statement for the pur	pose of changing its registered
	am familiar with, and accept	the obligations of, Section 607.0505, F	lorida Statutes.	tion's board of directors. I hereby accept	ne appointment as registered
SIGNATURE	Signature, typed or printed name of re		ITE: Registered Agent signature raqui	_	DATE
12.	OFFIC		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	THACKER, CARL	_	1.2 NAME		7
STREET ADORESS	27611 LIME ST		1.3 STREET ADDRESS		Change Addition
CITY - ST-ZIP TITLE	BONITA SPRINGS FL		1.4 CITY - ST- ZIP 2.1 TITLE		Change Addition
NAME	THACKER, RICHARD		2.2 NAME		
STREET ADDRESS	1220 E PERSHING RD		2.3 STREET ADDRESS	h para la companya da comp	
CITY-ST-ZIP TITLE	DECATUR GA	DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME			3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		·····	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		¢
DITY-ST-ZIP			4.4 CITY-ST-ZIP		
THTLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	······	Change Addition
NAME			6.2 NAME		have when you way not more
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	المراجع	a sumplication to the filling of the	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an apartment with an address.					
a start a start and the second					
SIGNATURE: JACON THE OR PRINTED NAME OF DISNING OFFICER OR DIRECTOR DIRECTOR					