

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F76011 (8)
1. Corporation Name

ALSUP, INC.

Principal Place of Business 511 S. BROAD ST. BROOKSVILLE, FL 34601	Mailing Address 511 S BROAD ST. BROOKSVILLE, FL 34601
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3. Date Incorporated or Qualified 05/01/1982	3a. Date of Last Report 3/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2176547 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	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ALSUP, ALICE
511 S. BROAD STREET
BROOKSVILLE, FL 34601

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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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, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	PT <input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	ALSUP, ALICE E.	11.2 NAME	
11.3 STREET ADDRESS	511 S. BROAD STREET	11.3 STREET ADDRESS	
11.4 CITY-STATE-ZIP	BROOKSVILLE, FL 34601	11.4 CITY-STATE-ZIP	
11.5 TITLE	V <input type="checkbox"/> DELETE	11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	CAROL GIBSON	11.6 NAME	
11.7 STREET ADDRESS	511 S BROAD STREET	11.7 STREET ADDRESS	
11.8 CITY-STATE-ZIP	BROOKSVILLE, FL 34601	11.8 CITY-STATE-ZIP	
11.9 TITLE	<input type="checkbox"/> DELETE	11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		11.10 NAME	
11.11 STREET ADDRESS		11.11 STREET ADDRESS	
11.12 CITY-STATE-ZIP		11.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.13 TITLE	<input type="checkbox"/> DELETE	11.13 TITLE	
11.14 NAME		11.14 NAME	
11.15 STREET ADDRESS		11.15 STREET ADDRESS	
11.16 CITY-STATE-ZIP		11.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.17 TITLE	<input type="checkbox"/> DELETE	11.17 TITLE	
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY-STATE-ZIP		11.20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.21 TITLE	<input type="checkbox"/> DELETE	11.21 TITLE	
11.22 NAME		11.22 NAME	
11.23 STREET ADDRESS		11.23 STREET ADDRESS	
11.24 CITY-STATE-ZIP		11.24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 attachment with an address.

SIGNATURE:

ALICE ALSUP

4/11/1997 352-796-9197

Date Daytime Phone #

CR2E034 (9/96)