

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

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Apr 09 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 # F89787 (8)			
1. Corporation Name WARECO, INC.			
Principal Place of Business 908 60TH STREET, SOUTH GULFPORT FL 33707 US		Mailing Address 908 60TH STREET, SOUTH P.O. BOX 3001 GULFPORT FL 33707-2425 US	
2. Principal Place of Business 21 28050 US HWY 19 NO Suite, Apt. #, etc. 22 SUITE 208 City & State 23 CLEARWATER FL Zip 24 34621		2a. Mailing Address 26 28050 US HWY 19 NO Suite, Apt. #, etc. 27 SUITE 208 City & State 28 CLEARWATER FL Zip 29 34621 Country 30 FLORIDA	
9. Name and Address of Current Registered Agent WARE, RICHARD L. 908 60TH STREET SOUTH GULFPORT FL 33707		10. Name and Address of New Registered Agent 81 Name ROY C. SKELTON 82 Street Address (P.O. Box Number is Not Acceptable) 28050 US HWY 19 NO 83 SUITE 208 84 City CLEARWATER FL 85 Zip Code 34621	
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 ROY C. Skelton DATE 4/1/97 <small>Signature of officer or director of corporation or registered agent and name of applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME WARE, RICHARD L. STREET ADDRESS 908 60TH STREET S. CITY - ST - ZIP GULFPORT FL		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 422 DEER HAVEN LN 1.4 CITY - ST - ZIP HENDERSONVILLE NC 28791	
TITLE <input type="checkbox"/> DELETE NAME WARE, CARROLL L. STREET ADDRESS 908 60TH STREET S. CITY - ST - ZIP GULFPORT FL		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 422 DEER HAVEN LN 2.4 CITY - ST - ZIP HENDERSONVILLE NC 28791	
TITLE <input type="checkbox"/> DELETE NAME NUCI, CHRISTINA D STREET ADDRESS 908 60TH ST. SOUTH CITY - ST - ZIP GULFPORT FL 33707		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 422 DEER HAVEN LN 3.4 CITY - ST - ZIP HENDERSONVILLE NC 28791	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME ROY C SKELTON 4.3 STREET ADDRESS 28050 US HWY 19 N STE 208 4.4 CITY - ST - ZIP CLEARWATER FL 34621	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 attachment with an address.			
SIGNATURE: ROY C. Skelton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)