

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

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000000306 (1)**  
 1. Corporation Name  
**RON'S T.V. INFOMERCIAL SHOPS, INC.**



Principal Place of Business <b>817 N.W. 1ST ST FT LAUDERDALE FL 33311 US</b>	Mailing Address <b>1676 S CONGRESS AVE BOX #15 PALM SPRINGS FL 33461-2142 US</b>
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3. Date Incorporated or Qualified <b>01/25/1993</b>	3a. Date of Last Report <b>07/01/1996</b>
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2. Principal Place of Business 21 <b>6822-22ND AVE. NO</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>#116</b>	Suite, Apt. #, etc. 27
City & State 23 <b>ST. PETERSBURG, FL</b>	City & State 28
Zip 24 <b>33710</b>	Country 25 <b>US</b>
Country 29	Zip 30

4. FEI Number <b>65-0347775</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**SCHREIBER, JOHN  
 817 N.W. 1ST ST.  
 FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent  
 81 Name **DON W ROWAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6822-22ND AVE NO #116**  
 83  
 84 City **ST. PETERSBURG** FL 85 Zip Code **33710**

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: *Don W Rowan Pres.* / **DON W ROWAN, PRES.** DATE: **1/16/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHREIBER, JOHN</b>	
STREET ADDRESS	<b>817 N.W. 1ST ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROWAN, DONALD</b>	
STREET ADDRESS	<b>6809 STONES THROW CIRCLE N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROWAN, DON W</b>	
1.3 STREET ADDRESS	<b>6822-22ND AVE NO. #116</b>	
1.4 CITY-ST-ZIP	<b>ST PETERSBURG, FL 33710</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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: *Don W Rowan Pres.* / **DON W ROWAN, PRES.** DATE: **1/16/97** (813) 384-4675

CR2E034 (9/96)