

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # F94000001646 (8)

1. Corporation Name
COMPLEASE, INC.

Principal Place of Business
7901 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33702
US

Mailing Address
7901 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33702
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/31/1994		04/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		35-1915856		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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. I am familiar 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	CEOD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, KARL J	1.2 NAME	
STREET ADDRESS	1700 1ST AVE S	1.3 STREET ADDRESS	700 1st Avenue South
CITY-ST-ZIP	ST. PETERSBURG FL 33715	1.4 CITY-ST-ZIP	Tierra Verde FL 33715
TITLE	PTDO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, JOSEPH W	2.2 NAME	
STREET ADDRESS	18105 PECAN GROVE PL	2.3 STREET ADDRESS	754 Pinellas Bayway
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	Tierra Verde, FL 33715
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, WAYNE	3.2 NAME	
STREET ADDRESS	3732 BRAMBLEWOOD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINKING, LINDA L	4.2 NAME	
STREET ADDRESS	2218 BIRCHBANK TR	4.3 STREET ADDRESS	2218 Birchbark Trail
CITY-ST-ZIP	CLEARWATER FL 34623	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALKAN, THOMAS J	5.2 NAME	
STREET ADDRESS	172 DEVON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL 34630	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 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: _____

3/20/97 (012) 633-3321