
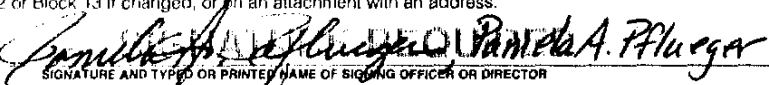


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 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 # F96000003160 (6)			
1. Corporation Name PAMELA PFLUEGER & ASSOCIATES, INC.			
Principal Place of Business 3030 N. 3RD ST. SUITE 200 PHOENIX AZ 85012		Mailing Address 3030 N. 3RD ST. SUITE 200 PHOENIX AZ 85012-3044	
2. Principal Place of Business		2a. Mailing Address	
21 3800 N. Central	26 3800 N. Central		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 1120	27 Suite 1120		
City & State	City & State		
23 Phoenix, AZ	28 Phoenix, AZ		
Zip	Zip		
24 85012	29 85012		
Country	Country		
25 USA	30 USA		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CALLOWAY, SIDNEY C ONE E. BROWARD BLVD, SUITE 1600 FT LAUDERDALE FL 33301		81 Name Same - Calloway, Sidney C	
		82 Street Address (P.O. Box Number is Not Acceptable) 500 East Broward Blvd.	
		83	
		84 City Ft. Lauderdale	
		FL 85 Zip Code 33304	
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			
TITLE	CPST	<input type="checkbox"/> DELETE	
NAME	PFLUEGER, PAMELA A		
STREET ADDRESS	3030 N. 3RD ST, SUITE 200		
CITY - ST - ZIP	PHOENIX AZ 85012		
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			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Same - Pflueger, Pamela A		
1.3 STREET ADDRESS	3800 N. Central, Suite 1120		
1.4 CITY - ST - ZIP	Phoenix, AZ 85012		
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:  PAMELA A. PFLUEGER 4-7-97 (602) 266-4785			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)