

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

FILED

**May 05 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 # H17055 (5)

1. Corporation Name
FUMEA - ATKINSON, INC.



Principal Place of Business 200 ST. ANDREWS BLVD. SUITE 2603 WINTER PARK FL 32792	Mailing Address PO BOX 983 WINTER PARK FL 32790-0983
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 08/17/1984	3a. Date of Last Report 08/01/1996
4. FEI Number 59-2524684	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ATKINSON, DONNA
200 ST. ANDREWS BLVD.
SUITE 2603
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, DONNA	1.B NAME	
STREET ADDRESS	200 ST. ANDREWS BLVD. #2603	1.B STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.A CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.B NAME	
STREET ADDRESS		2.B STREET ADDRESS	
CITY-ST-ZIP		2.A CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.B NAME	
STREET ADDRESS		3.B STREET ADDRESS	
CITY-ST-ZIP		3.A CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.B STREET ADDRESS	
CITY-ST-ZIP		4.A CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.B NAME	
STREET ADDRESS		5.B STREET ADDRESS	
CITY-ST-ZIP		5.A CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.A CITY-ST-ZIP	

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CITY-ST-ZIP		2.A CITY-ST-ZIP	
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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.A 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 _____ DATE _____

CR2E034 (9/96)