

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

FILED  
Apr 24 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 # H17839 (2)  
1. Corporation Name  
LIMBO OF STUART, INC.



Principal Place of Business  
200 NW ALICE AVENUE  
STUART FL 34994  
US

Mailing Address  
2307 SE MONTEREY ROAD  
1000 S FED HWY., P O DRAWER 6  
STUART FL 34996-3331  
US

3. Date Incorporated or Qualified  
08/23/1984

3a. Date of Last Report  
05/14/1996

|                                |                     |   |                                |
|--------------------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For                    |
| 21                             | 26                  | 59-2442297  | Not Applicable                 |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 22                             | 27                  |   |                                |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 23                             | 28                  |   |                                |
| Zip                            | Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No                         |
| 24                             | 29                  |   |                                |
| Country                        | Country             |   |                                |
| 25                             | 30                  |   |                                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOPKO, JAMES  
2307 SE MONTEREY RD.  
STUART FL 34996

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |        |
|----------------|------------------------|--------|
| TITLE          | PO                     | DELETE |
| NAME           | GLOVER, DAWSON C., III |        |
| STREET ADDRESS | 200 ALICE AVENUE       |        |
| CITY-ST-ZIP    | STUART FL              |        |
| TITLE          | D                      | DELETE |
| NAME           | GLOVER, CHARLOTTE      |        |
| STREET ADDRESS | 200 ALICE AVENUE       |        |
| CITY-ST-ZIP    | STUART FL              |        |
| TITLE          |                        | DELETE |
| NAME           |                        |        |
| STREET ADDRESS |                        |        |
| CITY-ST-ZIP    |                        |        |
| TITLE          |                        | DELETE |
| NAME           |                        |        |
| STREET ADDRESS |                        |        |
| CITY-ST-ZIP    |                        |        |
| TITLE          |                        | DELETE |
| NAME           |                        |        |
| STREET ADDRESS |                        |        |
| CITY-ST-ZIP    |                        |        |

|                    |        |          |
|--------------------|--------|----------|
| 1.1 TITLE          | Change | Addition |
| 1.2 NAME           |        |          |
| 1.3 STREET ADDRESS |        |          |
| 1.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE          | Change | Addition |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-ST-ZIP    |        |          |
| 3.1 TITLE          | Change | Addition |
| 3.2 NAME           |        |          |
| 3.3 STREET ADDRESS |        |          |
| 3.4 CITY-ST-ZIP    |        |          |
| 4.1 TITLE          | Change | Addition |
| 4.2 NAME           |        |          |
| 4.3 STREET ADDRESS |        |          |
| 4.4 CITY-ST-ZIP    |        |          |
| 5.1 TITLE          | Change | Addition |
| 5.2 NAME           |        |          |
| 5.3 STREET ADDRESS |        |          |
| 5.4 CITY-ST-ZIP    |        |          |
| 6.1 TITLE          | Change | 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:

*[Signature]*

4-16-97 561 6922 (dca)

CR2E034 (9/96)