


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

FILED

Mar 31 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 # 1. Corporation Name: SECOND TIME ENTERPRISES, INC. H20338			
Principal Place of Business 1320 N. 10th Street Lake Park, FL 33403		Mailing Address 1320 N. 10th Street Lake Park, FL 33403	
2. Principal Place of Business 21 State: Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 9/11/84		3a. Date of Last Report 1/31/96	
4. FEI Number 59-2589766		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 Santagata, John B. 5705 S.W. Woodham Street Stuart, FL 34994		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 for the with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PDT Santagata, John B. <input type="checkbox"/> DELETE 12.2 STREET ADDRESS 5705 S.W. Woodham Street 12.3 CITY-ST-ZIP Stuart, FL 34994		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.4 NAME VSD Santagata, Gail M. <input type="checkbox"/> DELETE 12.5 STREET ADDRESS 5705 S.W. Woodham Street 12.6 CITY-ST-ZIP Stuart, FL 34994		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.7 NAME <input type="checkbox"/> DELETE 12.8 STREET ADDRESS 12.9 CITY-ST-ZIP		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.10 NAME <input type="checkbox"/> DELETE 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	
12.13 NAME <input type="checkbox"/> DELETE 12.14 STREET ADDRESS 12.15 CITY-ST-ZIP		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	
12.16 NAME <input type="checkbox"/> DELETE 12.17 STREET ADDRESS 12.18 CITY-ST-ZIP		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	
12.19 NAME <input type="checkbox"/> DELETE 12.20 STREET ADDRESS 12.21 CITY-ST-ZIP		13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP	
12.22 NAME <input type="checkbox"/> DELETE 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP		13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP	
14. I 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 supplied 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: <i>John Santagata</i> John Santagata 3/24/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date			

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