

8-7-97 B-8124C
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLOIDA DEPARTMENT OF STATE
 Sandra B. Myrtham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 SEP 11 AM 11:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H22324 (8)
 1. Corporation Name
 DAN SHORT, INC.



Principal Place of Business
 13084 CORTEZ BLVD.
 BROOKSVILLE FL 34813

Mailing Address
 13084 CORTEZ BLVD.
 BROOKSVILLE FL 34813-4854

2. Principal Place of Business	2a. Mailing Address
21 634 PARKWAY	26 634 PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 18	27 SUITE 18
City & State	City & State
23 GATLINBURG TN.	28 GATLINBURG TN.
Zip	Zip
Country	Country
24 # 37738	29 37738
25	30

3. Date Incorporated or Qualified 09/24/1984	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2443341	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

SHORT, DAN
 13084 CORTEZ BLVD.
 BROOKSVILLE FL 34813

10. Name and Address of New Registered Agent

81 Name DAN SHORT CROOM RD.
 82 Street Address (P.O. Box Number is Not Acceptable) 25447 CROOM RD
 83 ~~634 PARKWAY SUITE 18~~ BROOKSVILLE, FL 34601
 84 City GATLINBURG, TN. FL 85 Zip Code 37738

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	DP	<input type="checkbox"/> DELETE
NAME	SHORT, DAN	
STREET ADDRESS	13084 CORTEZ BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	25447 CROOM RD	
1.3 STREET ADDRESS	634 PARKWAY SUITE 18	
1.4 CITY-ST-ZIP	GATLINBURG, TN 37738	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROOKSVILLE, FL 34601	
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 _____ DAN SHORT

CR2E034 (9/96)

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