

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H35393** (8)

1. Corporation Name:  
**PURITAN BUDGET PLAN, INC.**

Principal Place of Business <b>2635 CENTURY PKWY., SUITE 420 P.O. BOX 49729 ATLANTA GA 30359</b>	Mailing Address <b>2635 CENTURY PKWY., SUITE 420 P.O. BOX 49729 ATLANTA GA 30359-2729</b>
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3. Date Incorporated or Qualified <b>12/18/1984</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2489352</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		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

**LIDSKY, CARLOS  
145 EAST 49TH STREET  
HIALEAH FL 33013**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMIESON, RUSSELL</b>	1.2 NAME	
STREET ADDRESS	<b>72 S ORLANDO AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, SANDRA</b>	2.2 NAME	<b>Jamieson, Russell</b>
STREET ADDRESS	<b>10105 MAIN STREET</b>	2.3 STREET ADDRESS	<b>72 S. Orlando Ave.</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	2.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, SANDRA</b>	3.2 NAME	<b>Jamieson, Russell</b>
STREET ADDRESS	<b>10105 MAIN STREET</b>	3.3 STREET ADDRESS	<b>72 S. Orlando Ave.</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	3.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(2)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Russell Jamieson*  
Date **1/13/97** Daytime Phone #

0012888

CR2E034 (9/96)