

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

FILED
Apr 10 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 # H82207 (2)

1. Corporation Name
CAXAMBAS ASSOCIATES, INC.



Principal Place of Business 945 CAXAMBAS DR MARCO ISLAND FL 33937 US	Mailing Address 945 CAXAMBAS DR MARCO ISLAND FL 34145-5907 US
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3. Date Incorporated or Qualified 10/23/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34145	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PARKER, GEORGE
 945 CAXAMBAS DR
 MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL 34145

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	THERMANSEN, MARTHA	
STREET ADDRESS	5320 N. LAKE DRIVE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	PARKER, GEORGE	
STREET ADDRESS	945 CAXAMBAS DRIVE	
CITY-ST-ZIP	MARCO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARKER, GEORGE III	
STREET ADDRESS	2833 RIVER ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CUMPIANO, ELIZABETH	
STREET ADDRESS	107 CALLE TRES HERMANOS	
CITY-ST-ZIP	CONDADO PR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHULTZ, PATRICIA	
STREET ADDRESS	175 HARBOR DR	
CITY-ST-ZIP	PLANTATION KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2512 N. Rio Grande Dr.
5.4 CITY-ST-ZIP	Merrill, WI 54452
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	500002140665
6.4 CITY-ST-ZIP	-04/11/97--01060--015
	***165.00

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: *George Parker* **George Parker** 4/1/97 941/394-2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)