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

STREET ADDRESS

CITY-ST-ZIP

Jul 03 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J01024 (5)LYLE CHARLES, INC. Principal Place of Business Mailing Address 3301 BAYSHORE BOULEVARD 3301 BAYSHORE BOULEVARD APARTMENT #1410 APARTMENT #1410 TAMPA FL 33629-8844 TAMPA FL 33629 3. Date Incorporated or Qualified 3a. Date of Last Report 02/25/1986 04/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2642564 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALLEN, C. STEPHEN, ESQ. **4830 WEST KENNEDY BOULEVARD** Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 335** 83 **TAMPA FL 33609** City 84 85 Zip Code FL 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition TITLE 1.1 TUTLE CHARLES, LYLE 1.2 NAME NAME 3301 BAYSHORE BLVD #1410 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY- \$1-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C!TY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

FILED

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 eath; that I am an efficer 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:

6.3 STREET ADDRESS

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