

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

FILED  
Mar 20 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 # J05503 (4)			
1. Corporation Name PLANET EARTH, INC.			
Principal Place of Business 1400 COLONIAL BLVD. SUITE 70 FT. MYERS FL 33907		Mailing Address 1400 COLONIAL BLVD. SUITE 70 FT. MYERS FL 33907-1064	
2. Principal Place of Business		2a. Mailing Address	
21. Suite Apt. #, etc.	26. Suite Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip		
24. Country	29. Country		
9. Name and Address of Current Registered Agent WARREN PHILIP COLLINS 535 VALMAR DRIVE FORT MYERS FL 33919		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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	
NAME	WARREN, MARY ALICE	1.2 NAME	
STREET ADDRESS	535 VAL MAR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	WARREN, MARY ALICE	2.2 NAME	
STREET ADDRESS	535 VAL MAR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, unchanged, or on an attachment with an address.			
SIGNATURE: x		x 3/17/97 941-939-3969	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)