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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 # J61844

(3)

1. Corporation Name

FARQUER ENTERPRISES, INC.

Principal Place of Business

7590 MARX DRIVE
N. FT. MYERS FL 33917

Mailing Address

7590 MARX DRIVE
N. FT. MYERS FL 33917-1820

3. Date Incorporated or Qualified

03/13/1987

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FARQUER, R.T.
7590 MARX DR.
N. FT. MYERS FL 33917

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 of the president, officer, director, or other person authorized to sign this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
FARQUER, R.T.
7590 MARX DR.
N. FT. MYERS FL

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

1.5 NAME

1.6 STREET ADDRESS

1.7 CITY - ST - ZIP

1.8 TITLE

1.9 NAME

1.10 STREET ADDRESS

1.11 CITY - ST - ZIP

1.12 TITLE

1.13 NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY - ST - ZIP

1.20 TITLE

1.21 NAME

1.22 STREET ADDRESS

1.23 CITY - ST - ZIP

1.24 TITLE

1.25 NAME

1.26 STREET ADDRESS

1.27 CITY - ST - ZIP

1.28 TITLE

1.29 NAME

1.30 STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY - ST - ZIP

1.33 TITLE

1.34 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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) on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.T. FARQUER

X3-15-97

Date

X941-543-3023

Daytime Phone #

0401827

CR2E034 (9/96)