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FILED
Feb 04 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 # J64642

1. Corporation Name

FN BAR CORPORATION

Principal Place of Business

Mailing Address

601 Cleveland Street
Clearwater, Fl. 34616

3. Date Incorporated or Qualified
March 31, 1987

3a. Date of Last Report
May 1, 1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2793633	
22 City & State	27 City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30	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

Louis C. Scourtas
617 Cleveland Street
Suite 22
Clearwater, Fl. 34616

10. Name and Address of New Registered Agent

81 Name William A. Borja
82 Street Address (P.O. Box Number is Not Acceptable)
501 S. Ft. Harrison Ave., Suite 204
83
84 City Clearwater, Fl. FL 85 Zip Code 34616

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 William A. Borja William A. Borja January 28, 1997
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernst D. Scheller	1.2 NAME	Clark Hubbard
STREET ADDRESS	601 Cleveland Street	1.3 STREET ADDRESS	950 Whipporwill Dr.
CITY-ST-ZIP	Clearwater, Fl. 34615 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Palm Harbor, Fl. 34684
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	John A. Chandler
STREET ADDRESS		2.3 STREET ADDRESS	950 Whipporwill Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Harbor, Fl. 34684 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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, as changed, on an attachment with an address.

SIGNATURE: Clark Hubbard Clark Hubbard, President January 28, 1997 (813)442-7787

CR2E034 (9/96)