

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

FILED
Apr 21 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 # J80377 (1)
1. Corporation Name
FLAMBOROUGH GROUP, INC.



Principal Place of Business 6360 PRESIDENTIAL CT. 4-B FT MYERS FL 33919 US	Mailing Address 6360 PRESIDENTIAL CT. 4-B FT MYERS FL 33919-3501 US
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2. Principal Place of Business 21 12346-3 WOODROSE CT. Suite, Apt. #, etc. 22 City & State 23 FORT MYERS, FL Zip Country 24 33907 25 LEE	2a. Mailing Address 26 12346-3 WOODROSE CT. Suite, Apt. #, etc. 27 City & State 28 FORT MYERS, FL Zip Country 29 33907 30 LEE
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3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0087452	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 DEWAARD, JOHN 6360 PRESIDENTIAL CT. 4-B FT MYERS FL 33919	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	12346-3 WOODROSE CT.
83	
84 City	FORT MYERS
85 Zip Code	FL 33907

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D VOORTMAN, WILLIAM <input type="checkbox"/> DELETE
NAME	940 HWY 5 DUNDAS
STREET ADDRESS	ONTARIO, CD
CITY-ST-ZIP	
TITLE	DP DEWAARD, JOHN <input type="checkbox"/> DELETE
NAME	940 HWY 5 DUNDAS
STREET ADDRESS	ONTARIO, CD
CITY-ST-ZIP	
TITLE	DV HUTTEN, PATRICIA <input type="checkbox"/> DELETE
NAME	940 HWY 5 DUNDAS
STREET ADDRESS	ONTARIO, CD
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 11/11/97

CR2E034 (9/96)