


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mor Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K80607 (0)					
1. Corporation Name SHOWERFLOSS INC.					
Principal Place of Business C/O CLYDE STEWART 26300 HICKORY BLVD. S-1105 BONITA SPRINGS FL 33923			Mailing Address 20930 PERSIMMON PLACE ESTERO FL 33928-2253 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1989	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2840976	
22. City & State		27. City & State		5. Certificate of Status Desired <input 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. Co		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STEWART, CLYDE 26300 HICKORY BLVD. S-1105 BONITA SPRINGS FL 33923			10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 Stat.					
SIGNATURE _____ (NOTE: Registered signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do hereby certify that the information supplied with this filing does not qualify for 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 correct 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 file 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: <i>Clyde F Stewart</i> DATE: 4-16-97 DAYTIME PHONE: 941-947-2855					



CR2E034 (9/96)