

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

FILED
Apr 28 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 # K84995 (5)

1. Corporation Name
CADUCEUS CONSULTING INC.



Principal Place of Business 410 BYWATER DR. ORLANDO FL 32839 US	Mailing Address 8614 BANNERMAN BLUFF COURT TALLAHASSEE FL 32312-8029 US
---	---

3. Date Incorporated or Qualified 05/03/1989	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2951642	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent

**LEWIS, ERIC P.
 8614 BANNERMAN BLUFF COURT
 TALLAHASSEE FL 32312**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	LEWIS, LANIGHTA W.	
STREET ADDRESS	410 BYWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/>
NAME	SUTTON, KENNETH F.	
STREET ADDRESS	733 DARTMOUTH ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/>
NAME	LEWIS, ERIC P	
STREET ADDRESS	8614 BANNERMAN BLUFF COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Sutton, Kenneth E.		
2.3 STREET ADDRESS	159 West Street		
2.4 CITY-ST-ZIP	Essex Jct., VT 05452		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Paula D. Hegner		
4.3 STREET ADDRESS	2871 Big Sky Blvd.		
4.4 CITY-ST-ZIP	Kissimmee, FL 34744		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Sutton, Elizabeth		
5.3 STREET ADDRESS	159 West Street		
5.4 CITY-ST-ZIP	Essex Jct., VT 05452		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **4-23-97**

CR2E034 (9/96)