

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

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Mar 24 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 # K95793 (1)
1. Corporation Name
ELEAZER ASSOCIATES, INC.



Principal Place of Business Mailing Address
% JILL ELEAZER SOKOL 800 2ND AVENUE SOUTH, STE. #320 ST PETERSBURG FL 33701
% JILL ELEAZER SOKOL 800 2ND AVENUE SOUTH, STE. #320 ST PETERSBURG FL 33701 4013

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc. ABOVE		26. State, Apt. #, etc. ABOVE		06/15/1989	02/28/1996
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		59-2953593	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				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				10. Name and Address of New Registered Agent			
SOKOL, JILL ELEAZER 800 2 AVE S #320 ST PETERSBURG FL 33701				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	ADD: SUITE #320		
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, JILL ELEAZER	1.2 NAME	
STREET ADDRESS	800 2 AVE S #320	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	1.4 CITY-STATE-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, JOHN E.	2.2 NAME	
STREET ADDRESS	1309 47 AVE NE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL	2.4 CITY-STATE-ZIP	
TITLE	EVPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BEVERLEE	3.2 NAME	
STREET ADDRESS	12000 CAPRI CIRCLE SOUTH #11	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TREASURE ISLAND FL	3.4 CITY-STATE-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANERDAY, CHARLES	4.2 NAME	
STREET ADDRESS	800 2 AVE S #320	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANINE CLEVELAND	5.2 NAME	
STREET ADDRESS	1010 S. ROME AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33604	5.4 CITY-STATE-ZIP	TAMPA FL 33604
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Jill Eleazer Sokol* 3-4-97 8138955455
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)