

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Jul 29 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 # K97172 (6)
 1. Corporation Name
TYATT, INCORPORATED

Principal Place of Business 96 E. EAU GALIE CAUSEWAY MELBOURNE FL 32937	Mailing Address 98 E. EAU GALIE CAUSEWAY MELBOURNE FL 32937
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1989		3a. Date of Last Report 05/09/1986	
2. Principal Place of Business 21 705 S. Harbor City Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 705 S. Harbor City Blvd Suite, Apt. #, etc.	
22 City & State Melbourne, FL		27 City & State Melbourne, FL	
23 Zip 32901		29 Zip 32901	
24 Country BRUARD		30 Country BRUARD	
4. FEI Number 55-2949879		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 owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARRISH, ROBERT E 254 LEE ROAD WEST MELBOURNE FL 32937		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	<input type="checkbox"/> DELETE	1.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHOEN, CHARLES F		1.2 NAME Schoen, Charles F	
STREET ADDRESS 204 A LOCUST AVE		1.3 STREET ADDRESS 2516 KAY LANE	
CITY-ST-ZIP S CHARLESTON WV		1.4 CITY-ST-ZIP CHARLESTON, WV 25302	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRISH, E FRED		2.2 NAME Parrish, E. FRED	
STREET ADDRESS 1201 PARKSIDE PL		2.3 STREET ADDRESS 889 Shoshone Lane	
CITY-ST-ZIP INDIAN HARBOUR BCH FL		2.4 CITY-ST-ZIP West Melbourne, FL 32904	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARRISH, MARIANNE		3.2 NAME Parrish, Mary Ann	
STREET ADDRESS 1201 PARKSIDE PL		3.3 STREET ADDRESS 889 Shoshone Lane	
CITY-ST-ZIP INDIAN HARBOUR BCH FL		3.4 CITY-ST-ZIP West Melbourne, FL 32904	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____

CFR2E034 (4/97)