


FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State
1997		DIVISION OF CORPORATIONS



2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report	
21. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		3b. Date of Last Report	
22. City & State		2c. City & State		3c. Date of Last Report	
23. Zip		2d. Zip		3d. Date of Last Report	
24. Country		2e. Country		3e. Date of Last Report	
25. Country		2f. Country		3f. Date of Last Report	
26. Country		2g. Country		3g. Date of Last Report	
27. Country		2h. Country		3h. Date of Last Report	
28. Country		2i. Country		3i. Date of Last Report	
29. Country		2j. Country		3j. Date of Last Report	
30. Country		2k. Country		3k. Date of Last Report	
31. Country		2l. Country		3l. Date of Last Report	
32. Country		2m. Country		3m. Date of Last Report	
33. Country		2n. Country		3n. Date of Last Report	
34. Country		2o. Country		3o. Date of Last Report	
35. Country		2p. Country		3p. Date of Last Report	
36. Country		2q. Country		3q. Date of Last Report	
37. Country		2r. Country		3r. Date of Last Report	
38. Country		2s. Country		3s. Date of Last Report	
39. Country		2t. Country		3t. Date of Last Report	
40. Country		2u. Country		3u. Date of Last Report	
41. Country		2v. Country		3v. Date of Last Report	
42. Country		2w. Country		3w. Date of Last Report	
43. Country		2x. Country		3x. Date of Last Report	
44. Country		2y. Country		3y. Date of Last Report	
45. Country		2z. Country		3z. Date of Last Report	
46. Country		2aa. Country		3aa. Date of Last Report	
47. Country		2ab. Country		3ab. Date of Last Report	
48. Country		2ac. Country		3ac. Date of Last Report	
49. Country		2ad. Country		3ad. Date of Last Report	
50. Country		2ae. Country		3ae. Date of Last Report	
51. Country		2af. Country		3af. Date of Last Report	
52. Country		2ag. Country		3ag. Date of Last Report	
53. Country		2ah. Country		3ah. Date of Last Report	
54. Country		2ai. Country		3ai. Date of Last Report	
55. Country		2aj. Country		3aj. Date of Last Report	
56. Country		2ak. Country		3ak. Date of Last Report	
57. Country		2al. Country		3al. Date of Last Report	
58. Country		2am. Country		3am. Date of Last Report	
59. Country		2an. Country		3an. Date of Last Report	
60. Country		2ao. Country		3ao. Date of Last Report	
61. Country		2ap. Country		3ap. Date of Last Report	
62. Country		2aq. Country		3aq. Date of Last Report	
63. Country		2ar. Country		3ar. Date of Last Report	
64. Country		2as. Country		3as. Date of Last Report	
65. Country		2at. Country		3at. Date of Last Report	
66. Country		2au. Country		3au. Date of Last Report	
67. Country		2av. Country		3av. Date of Last Report	
68. Country		2aw. Country		3aw. Date of Last Report	
69. Country		2ax. Country		3ax. Date of Last Report	
70. Country		2ay. Country		3ay. Date of Last Report	
71. Country		2az. Country		3az. Date of Last Report	
72. Country		2ba. Country		3ba. Date of Last Report	
73. Country		2bb. Country		3bb. Date of Last Report	
74. Country		2bc. Country		3bc. Date of Last Report	
75. Country		2bd. Country		3bd. Date of Last Report	
76. Country		2be. Country		3be. Date of Last Report	
77. Country		2bf. Country		3bf. Date of Last Report	
78. Country		2bg. Country		3bg. Date of Last Report	
79. Country		2bh. Country		3bh. Date of Last Report	
80. Country		2bi. Country		3bi. Date of Last Report	
81. Country		2bj. Country		3bj. Date of Last Report	
82. Country		2bk. Country		3bk. Date of Last Report	
83. Country		2bl. Country		3bl. Date of Last Report	
84. Country		2bm. Country		3bm. Date of Last Report	
85. Country		2bn. Country		3bn. Date of Last Report	
86. Country		2bo. Country		3bo. Date of Last Report	
87. Country		2bp. Country		3bp. Date of Last Report	
88. Country		2bq. Country		3bq. Date of Last Report	
89. Country		2br. Country		3br. Date of Last Report	
90. Country		2bs. Country		3bs. Date of Last Report	
91. Country		2bt. Country		3bt. Date of Last Report	
92. Country		2bu. Country		3bu. Date of Last Report	
93. Country		2bv. Country		3bv. Date of Last Report	
94. Country		2bw. Country		3bw. Date of Last Report	
95. Country		2bx. Country		3bx. Date of Last Report	
96. Country		2by. Country		3by. Date of Last Report	
97. Country		2bz. Country		3bz. Date of Last Report	
98. Country		2ca. Country		3ca. Date of Last Report	
99. Country		2cb. Country		3cb. Date of Last Report	
100. Country		2cc. Country		3cc. Date of Last Report	
101. Country		2cd. Country		3cd. Date of Last Report	
102. Country		2ce. Country		3ce. Date of Last Report	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CLARK, J. R. EHRMANN STREET PENSACOLA FL 32507	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 _____

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(NOTE- Registered Agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, J. R.	1.2 NAME	
STREET ADDRESS	N EHRMANN ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL	1.4 CITY- ST- ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CONIE	2.2 NAME	
STREET ADDRESS	N. EHRMANN ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		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		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		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Dixons: Fine. 1

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CR2E034 (9/96)