


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

FILED

Apr 22 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 # L40774 (6)					
1. Corporation Name ST. PETE COMPLETE, INC.					
Principal Place of Business 5015 30 AVE N ST. PETERSBURG FL 33710 US			Mailing Address 5015 N 30 AVE ST. PETERSBURG FL 33710-2709 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/02/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 06/18/1996	
City & State 23		City & State 28		4. FEI Number 59-2985903	
Zip 24		Country 25		Applied For Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MAZE, ROBERT L. 5015 N 30 AVE ST. PETERSBURG FL 33710		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 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
TITLE	1.1 TITLE				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY - ST - ZIP	1.4 CITY - ST - ZIP				
TITLE	2.1 TITLE				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY - ST - ZIP	2.4 CITY - ST - ZIP				
TITLE	3.1 TITLE				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
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TITLE	4.1 TITLE				
NAME	4.2 NAME				
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CITY - ST - ZIP	4.4 CITY - ST - ZIP				
TITLE	5.1 TITLE				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY - ST - ZIP	5.4 CITY - ST - ZIP				
TITLE	6.1 TITLE				
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: <i>Robert L. Maze</i> RE ROBERT L. MAZE DUT SPC 14APR97 310 593 2774					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)