

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

FILED

Apr 08 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 # **L61325** (1)
1. Corporation Name
TEMPLETON-STREET, CORP.



Principal Place of Business 11485 OAKHURST RD- STE 1200-104 LARGO FL 34644 US	Mailing Address C/O JACK GONICK 11485 OAKHURST RD-SUITE 1200-104- LARGO FL 34644
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2. Principal Place of Business 21 3633 KINGSWOOD CT. Suite, Apt. #, etc. 22 City & State 23 CLERMONT, FL. Zip Country 24 34711 25 US	2a. Mailing Address 26 3633 KINGSWOOD CT. Suite, Apt. #, etc. 27 City & State 28 CLERMONT, FL. Zip Country 29 34711 30
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3. Date Incorporated or Qualified 03/23/1990	3a. Date of Last Report 04/04/1996
4. FEI Number 59-3005356	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 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 GONICK, JACK 11485 OAKHURST RD- SUITE 1200-104- LARGO FL 34644-4		3633 KINGSWOOD CT. CLERMONT, FL. 34711	
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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	
TITLE	<input type="checkbox"/> DELETE
NAME	DP GONICK, JACK
STREET ADDRESS	11485 OAKHURST RD STE 1200-104- LARGO FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	DTS GONICK, VIVIAN M.
STREET ADDRESS	11485 OAKHURST RD STE 1200-104- LARGO FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Address
1.3 STREET ADDRESS	3633 KINGSWOOD CT.
1.4 CITY-ST-ZIP	CLERMONT, FL. 34711
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Address
2.3 STREET ADDRESS	3633 KINGSWOOD CT.
2.4 CITY-ST-ZIP	CLERMONT, FL. 34711
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jack Gonick* **JACK GONICK, PRES.** 4-3-97 352-394-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)