

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

FILED
Feb 18 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 # **L69411** (1)
1. Corporation Name
THE LORDSBURG MINING COMPANY



Principal Place of Business % JOHN H. SOTTILE 100 RIALTO PLACE #500 MELBOURNE FL 32901	Mailing Address % JOHN H. SOTTILE 100 RIALTO PLACE #500 MELBOURNE FL 32901-3073
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3. Date Incorporated or Qualified 04/27/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	4. FEI Number 59-1570718	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOTTILE, JOHN H. 100 RIALTO PLACE SUITE 500 MELBOURNE FL 32901				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 DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOTTILE, JOHN H.		1.2 NAME	
STREET ADDRESS 2324 BROOKSIDE WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP INDIALANTIC FL		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREEMAN, PATRICK S.		2.2 NAME	
STREET ADDRESS 1006 KOPRA STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP TRUTH OR CONSEQ. NM		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARLING, JOHN M.		3.2 NAME	
STREET ADDRESS 190 E. OLMSTEAD DRIVE #5A		3.3 STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHERRY, STEPHEN R.		4.2 NAME	
STREET ADDRESS 1217 ELCON DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		4.4 CITY-ST-ZIP	
TITLE DC	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOTTILE, JAMES		5.2 NAME	
STREET ADDRESS 2525 INDIAN MOUND TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, JOHN L		6.2 NAME	
STREET ADDRESS 1103 MESCALERO DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP TRUTH OR CONSEQUENCES NM		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 recipient of the power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the address.

SIGNATURE _____ *John H. Sottile* 2/12/97 407-724-1700

CR2E034 (9/96)