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May 07 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 # L96246 (8)

1. Corporation Name
WOLDSETH, INC.

Principal Place of Business
11590 SEMINOLE BLVD.
SEMINOLE FL 34648

Mailing Address
11590 SEMINOLE BLVD.
SEMINOLE FL 33778-3204



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1990	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3026850	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

WOLDSETH, JAMES R.
11590 SEMINOLE BLVD.
SEMINOLE FL 34648

10. Name and Address of New Registered Agent

81 Name
JAMES WOLDSETH
82 Street Address (P.O. Box Number is Not Acceptable)
9750 Seminole Blvd.
83
84 City
Seminole FL 85 Zip Code
33772

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	JAMES WOLOSETH
NAME	WOLDSETH, JAMES R.	1.2 NAME	9750 Seminole Blvd.
STREET ADDRESS	11590 SEMINOLE BLVD.	1.3 STREET ADDRESS	Seminole, FL 33772
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	JAMES WOLOSETH
NAME	WOLDSETH, JAMES R.	2.2 NAME	9750 Seminole Blvd.
STREET ADDRESS	11590 SEMINOLE BLVD.	2.3 STREET ADDRESS	Seminole, FL 33772
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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:

JAMES R. WOLDSETH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. WOLDSETH 4-30-97

(813) 397-4135

Date

Daytime Phone #

0383486

CR2E034 (9/96)