

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

FILED
May 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 # **L98699** (6)
1. Corporation Name
DEADY AND COMPANY



Principal Place of Business 2119 W BRANDON BLVD BRANDON FL 33511 US	Mailing Address 1101 KINGFISH PLACE APOLLO BEACH FL 33572-3056
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3. Date Incorporated or Qualified 08/21/1990	3a. Date of Last Report 08/01/1996
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21. Principal Place of Business 400 Golden Gate Pk	26. Mailing Address 400 Golden Gate Pk
22. Suite, Apt. #, etc. Apt # 53	27. Suite, Apt. #, etc. Apt # 53
23. City & State Sarasota, FL	28. City & State Sarasota, FL
24. Zip 34236	29. Zip 34236
25. Country Sarasota	30. Country Sarasota

4. FEI Number 59-3028395	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DEADY, MARJORIE
2119 W BRANDON BLVD
BRANDON FL 33511-1702**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	400 Golden Gate Pk
83. City & State	Apt # 53
84. City	Sarasota, FL
85. Zip Code	34236

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 agent 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 *Marjorie T Deady* x 4/27/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEADY, MARJORIE T.	
STREET ADDRESS	1101 KINGFISH PLACE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	DEADY, MARJORIE T	
STREET ADDRESS	1101 KINGFISH PL	
CITY-ST-ZIP	APOLLO BEACH FL	
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	400 Golden Gate Pk Apt # 53
1.3 STREET ADDRESS	Sarasota, FL 34236
1.4 CITY-ST-ZIP	Sarasota, FL 34236
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400 Golden Gate Pk Apt # 53
2.3 STREET ADDRESS	Sarasota, FL 34236
2.4 CITY-ST-ZIP	Sarasota, FL 34236
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: *Marjorie T Deady* x 4/27/97 x 941-9555731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)