

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M67204 (1)

1. Corporation Name
THE MYAKKA RIVER TRADING COMPANY



Principal Place of Business
**2865 EXECUTIVE CENTER DRIVE
C/O COPPERWHEAT, JACQUELYN
CLEARWATER FL 34622
US**

Mailing Address
**2865 EXECUTIVE CENTER DRIVE
C/O COPPERWHEAT, JACQUELYN
CLEARWATER FL 34622
US**

3. Date Incorporated or Qualified
02/01/1988

3a. Date of Last Report
03/29/1995

2. Principal Place of Business
21 2865 Executive Drive
Suite, Apt. #, etc.
22
City & State
23
Zip
24 Country
25

2a. Mailing Address
26 2865 Executive Drive
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

4. FEI Number
59-2957218

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RICE, MARTIN E.
696 FIRST AVENUE NORTH
SUITE 400
ST. PETERSBURG, 33701**

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 607.1506, 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 _____ DATE _____
Signature typed or printed name of registered agent and that of officer or director of corporation required when the signature is typed.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RISSER, P. N. III	
STREET ADDRESS	2865 EXEC. CENTER DRIVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COPPERWHEAT, JACQUELYN	
STREET ADDRESS	2865 EXECUTIVE CNTR DR	
CITY - ST - ZIP	CLEARWATER 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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2865 Executive Drive
14 CITY - ST - ZIP	Clearwater, FL 34622
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2865 Executive Drive
24 CITY - ST - ZIP	Clearwater, FL 34622
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mitchell, Bruce
33 STREET ADDRESS	2865 Executive Drive
34 CITY - ST - ZIP	Clearwater, FL 34622
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Katchuk, Kerry
43 STREET ADDRESS	2865 Executive Drive
44 CITY - ST - ZIP	Clearwater, FL 34622
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Curran, John
53 STREET ADDRESS	2865 Executive Drive
54 CITY - ST - ZIP	Clearwater, FL 34622
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jacquelyn M. Copperheat Jacquelyn M. Copperheat 4/18/96 (813) 573-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)