

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 21 1997 8:00am Secretary of State	
DOCUMENT # M90389 1. Corporation Name FORM STORES OF AMERICA, INC.				(1)	
Principal Place of Business 605 7TH AVE. N. UNIT D SAFETY HARBOR FL 34695 US		Mailing Address P. O. BOX 27 SAFETY HARBOR FL 34695-0027 US		3. Date Incorporated or Qualified 07/13/1988 3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2899931 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent ALBANO, LOUIS 605 7TH AVENUE NORTH SUITE D SAFETY HARBOR FL 34695		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees X Yes [] No	
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 12.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP 12.2 TITLE NAME STREET ADDRESS CITY- ST- ZIP 12.3 TITLE NAME STREET ADDRESS CITY- ST- ZIP 12.4 TITLE NAME STREET ADDRESS CITY- ST- ZIP 12.5 TITLE NAME STREET ADDRESS CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY- ST- ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY- ST- ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY- ST- ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 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: _____ Louis A. Albano 2/28/97 726-8105					