

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

FILED

May 06 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 # M96021 (4)

1. Corporation Name  
NORTH, PURSEL, NORTH INVESTMENTS, INC.

Principal Place of Business 1423 S. OCEAN BLVD. P.O. BOX 2132 PALM BEACH FL 33480	Mailing Address 1423 S. OCEAN BLVD. PALM BEACH FL 33480-5005 US
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2. Principal Place of Business 21 10216 Penny Lane Dr Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32836		2a. Mailing Address 26 P.O. Box 691867 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32869		3. Date Incorporated or Qualified 08/25/1988		3a. Date of Last Report 04/22/1996	
Country 25 USA		Country 30 USA		4. FEI Number 58-1807001		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SINCLAIR, MORGAN 6500 PAMELA LANE WEST PALM BEACH FL 33405				10. Name and Address of New Registered Agent 81 Name Bradshaw, Taylor 82 Street Address (P.O. Box Number is Not Acceptable) 11214 Sher Ln 83 84 City Orlando FL 85 Zip Code 32836			
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 and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE: Taylor Bradshaw DATE: 4/28/97							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE D NAME PURSEL, JACH STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		1.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		Pursel, Jach	
2. TITLE D NAME NORTH, PENY STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		12179 So Apopka Vineland Rd #136 Orlando, FL	
3. TITLE D NAME NORTH, MICHAELL STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		North, Peny 12179 So Apopka Vineland Rd #136 Orlando, FL	
4. TITLE D NAME NORTH, MICHAELL STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		North, Michael 12179 So Apopka Vineland Rd #136 Orlando, FL 32836	
5. TITLE D NAME NORTH, MICHAELL STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6. TITLE D NAME NORTH, MICHAELL STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
7. TITLE D NAME NORTH, MICHAELL STREET ADDRESS 1423 S OCEAN BLVD CITY-ST-ZIP PALM BEACH FL		<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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 or on an attachment with an address.

SIGNATURE: Jach Pursel, CFO 4/28/97 407/876-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)