

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1997 8:00am
Secretary of State

NONPRC FIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06498** (2)

1. Corporation Name

FLORIDA PLUMBING STUDENT LOANS OF VOLUSIA, INC.

Principal Place of Business 395 DOYLE ROAD PO BOX 70 OSTEEN FL 32764	Mailing Address 395 DOYLE ROAD PO BOX 70 OSTEEN FL 32764-0070
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2. Principal Place of Business 21 1057 PLATINUM CT Suite, Apt. #, etc. 22 DELTONA, FL City & State 23 32725 Zip 24 USA Country		2a. Mailing Address 26 1057 PLATINUM CT Suite, Apt. #, etc. 27 DELTONA, FL City & State 28 32725 Zip 29 USA Country		3. Date Incorporated or Qualified 12/05/1984		3a. Date of Last Report 02/07/1996	
4. FEI Number 59-2465819		Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent BRAZEE, GUY W 2765 FOXDALE DRIVE 395 DOYLE ROAD OSTEEN FL 32764				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			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTI	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRAZEE, GUY W.		1.2 NAME	
STREET ADDRESS 2765 FOXDALE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PULLARA, PHIL		2.2 NAME	
STREET ADDRESS 3502 RIGA BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
NAME HALEY, KATHLEEN M.		3.2 NAME	KATHLEEN M. HALEY
STREET ADDRESS 395 DOYLE ROAD		3.3 STREET ADDRESS	1057 PLATINUM CT
CITY-ST-ZIP OSTEEN FL		3.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Haley Date: 1/15/97 Daytime Phone # 0014436

CR2E037 (9/96)