


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28014 (1)

1. Corporation Name
ASSOCIATION OF WORKING PEOPLE, INC.

Principal Place of Business 1540 GLEN OAKS DR 5354 MYRTLEWOOD SARASOTA FL 34235 US	Mailing Address 1540 GLEN OAKS DR 5354 MYRTLEWOOD SARASOTA FL 34235-4805 US
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2. Principal Place of Business 21 1540 GLEN OAKS DR Suite, Apt. #, etc. 22 128B City & State 23 SARASOTA FL Zip 24 34232	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip 29 SAME	3. Date Incorporated or Qualified 08/23/1988	3a. Date of Last Report 04/24/1996
Country 25 USA	Country 30 SAME	4. FEI Number 59-2906730	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, KEITH 5354 MYRTLEWOOD SARASOTA FL 34235	10. Name and Address of New Registered Agent 81 Name KEITH JOHNSON 82 Street Address (P.O. Box Number is Not Acceptable) 1540 GLEN OAKS DR 83 SUITE # 128B 84 City SARASOTA FL 85 Zip Code 34232
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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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANONICH, SHELLOY	1.2 NAME	
STREET ADDRESS	5354 MYRTLEWOOD	1.3 STREET ADDRESS	1540 GLEN OAKS DR #128B
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	34232
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEITH	2.2 NAME	
STREET ADDRESS	5354 MYRTLEWOOD	2.3 STREET ADDRESS	1540 GLEN OAKS DR
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34232
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNONIC, HANAH	3.2 NAME	
STREET ADDRESS	5354 MYRTLEWOOD	3.3 STREET ADDRESS	HANNAH ANNONIC
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	1540 GLEN OAKS DR #128B
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 _____

CR2E037 (9/96)