


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42775** (9)  
1. Corporation Name

**SILVER WINGS REACT, INC.**

Principal Place of Business <b>1712 W. AVERY ST. PENSACOLA FL 32501</b>	Mailing Address <b>1712 W. AVERY ST. PENSACOLA FL 32501</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1712 W. Avery St.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 1712 W. Avery St.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/28/1991</b>		3a. Date of Last Report <b>03/01/1996</b>	
22 City & State <b>23 Pensacola, FL</b>		27 City & State <b>28 Pensacola, FL</b>		4. FEI Number <b>59-3012525</b>		Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>32501</b>		25 Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 Zip <b>32501</b>		30 Country <b>U.S.A.</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

**SMITH, JENNIE K.  
7 SULU DR  
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81 Name <b>Kimberly Kay Scott</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1003 Winton Ave.</b>
83
84 City <b>Pensacola</b>
85 Zip Code <b>FL 32507</b>

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 **Kimberly Kay Scott**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/2/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARNEY, CHARLES</b>		1.2 NAME	
STREET ADDRESS <b>1712 W. AVERY ST.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELK, EASKINE</b>		2.2 NAME	<b>Blum Vivian</b>
STREET ADDRESS <b>408 FOREST PARK DR.</b>		2.3 STREET ADDRESS	<b>1397 W. Roberts Rd.</b>
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>		2.4 CITY-ST-ZIP	<b>Pensacola, Florida 32533</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLEMAN, BETTY</b>		3.2 NAME	<b>Hamilton, Debbie</b>
STREET ADDRESS <b>1712 W. AVERY ST.</b>		3.3 STREET ADDRESS	<b>1714 W. Lakeview St.</b>
CITY-ST-ZIP <b>PENSACOLA FL 32534</b>		3.4 CITY-ST-ZIP	<b>Pensacola, Florida 32501</b>
TITLE <b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARNEY, BETTY</b>		4.2 NAME	<b>Carnley Betty</b>
STREET ADDRESS <b>1712 W. AVERY ST.</b>		4.3 STREET ADDRESS	<b>1712 W. Avery St.</b>
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>		4.4 CITY-ST-ZIP	<b>Pensacola, Florida 32501</b>
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, JENNIE K.</b>		5.2 NAME	<b>SCOTT Kimberly Kay</b>
STREET ADDRESS <b>7 SULU DR</b>		5.3 STREET ADDRESS	<b>1003 Winton Ave.</b>
CITY-ST-ZIP <b>PENSACOLA FL</b>		5.4 CITY-ST-ZIP	<b>Pensacola, Florida 32501</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Boyer Linda</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>208 Tifton Ave.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Pensacola, FL 32507</b>

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 **Kimberly Kay Scott** SIGNATURE REQUIRED **SMITH**

9/2/97 850-450-7152

CR2E037 (4/97)