


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004066 (7)**

1. Corporation Name

LAKELAND REBOUNDERS, INC.



Principal Place of Business 811 SOUTH MISSOURI AVENUE LAKELAND FL 33801	Mailing Address 811 SOUTH MISSOURI AVENUE LAKELAND FL 33815-4739
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/03/1993		3a. Date of Last Report 02/28/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3199606		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33815		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		30		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 LEE, JIM 811 SOUTH MISSOURI AVENUE LAKELAND FL 33801				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			

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, JIM			1.2 NAME			
STREET ADDRESS	625 SAGAMORE STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERTICH, HAL			2.2 NAME			
STREET ADDRESS	1143 WATERFALL LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOUK, KEN			3.2 NAME			
STREET ADDRESS	534 BONNIE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	D NANNETTE S. LEE		
STREET ADDRESS				4.3 STREET ADDRESS	625 SAGAMORE STREET		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	LAKELAND FL 33803		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	D J. RANDOLPH LEE		
STREET ADDRESS				5.3 STREET ADDRESS	625 SAGAMORE STREET		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	LAKELAND, FL 33803		
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.

CR2E037 (9/96)