

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 12 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 # N93000005819 (8)
 1. Corporation Name
MISS RODEO FLORIDA, INC.



Principal Place of Business 16801 NE JACKSONVILLE RD. CITRA FL 32627	Mailing Address P. O. BOX 5656 OCALA FL 34478
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1993	3a. Date of Last Report 08/08/1996
4. FEI Number 59-3235531	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Same	2a. Mailing Address 26 116601 NE Jacksonville Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Citra, FL	City & State 28 Citra, FL
Zip 24 32113	Country 30 USA

9. Name and Address of Current Registered Agent

**THOMAS, PAULA
301 PITNIC RD.
JAY FL 32565**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STMD	<input type="checkbox"/> DELETE
NAME	MC MANUS, JANIE	
STREET ADDRESS	16601 NE JACKSONVILLE RD.	
CITY-ST-ZIP	CITRA FL 32627	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WHITE, EDITH	
STREET ADDRESS	113 THORNTON LN.	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BASS, Nanci	
STREET ADDRESS	301 PITNIC RD.	
CITY-ST-ZIP	JAY FL 32565	
TITLE	P	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	Thomas, Paula
4.4 CITY-ST-ZIP	301 Pitnic Rd. Jay, FL 32565
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CF2E037 (4/97)

SIGNATURE REQUIRED