


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 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 # N96000000088 (2)

1. Corporation Name

SPECIALTY AGENTS POLITICAL ACTIVITY COMMITTEE, I
NC.



Principal Place of Business 305 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address 305 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714-3426
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3. Date Incorporated or Qualified 01/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5211 Timuquana Rd Suite, Apt. #, etc. #6 22 City & State Jacksonville FL Zip 32210 Country USA	2a. Mailing Address 26 5211 Timuquana Rd Suite, Apt. #, etc. #6 27 City & State Jacksonville FL Zip 32210 Country USA
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4. FEI Number 59-9350883	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 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134
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10. Name and Address of New Registered Agent 81 Name Eli S. Jenkins 82 Street Address (P.O. Box Number is Not Acceptable) 5265 Park Blvd. 83 City Pinellas Park 84 City Pinellas Park FL 85 Zip Code 34665
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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 *Eli S. Jenkins* ELI S. JENKINS, TREASURER 7/14/97
(NOTE: Registered Agent signature required when relinquishing)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DALY, FRANK	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE VD	<input type="checkbox"/> DELETE
NAME FLEMING, ADRIENNE	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE SD	<input type="checkbox"/> DELETE
NAME LUCAS, CAREN	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE TD	<input type="checkbox"/> DELETE
NAME JENKINS, ELI	
STREET ADDRESS 305 SPRING LAKE HILLS DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
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 President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Hill, Richard	
1.3 STREET ADDRESS 5211 Timuquana Road #6	
1.4 CITY-ST-ZIP Jacksonville FL 32210	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Fleming, Adrienne	
2.3 STREET ADDRESS 4501 N. Nebraska Ave.	
2.4 CITY-ST-ZIP Tampa FL 33605	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Lucas, Caren	
3.3 STREET ADDRESS 32321 Haven Court #100	
3.4 CITY-ST-ZIP Leesburg FL 34788	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Jenkins, Eli	
4.3 STREET ADDRESS 5265 Park Blvd.	
4.4 CITY-ST-ZIP Pinellas Park FL 34665	
5.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Redmond, Steve	
5.3 STREET ADDRESS 232-5th Avenue SE	
5.4 CITY-ST-ZIP Delray Beach FL 33483	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 300002241503	
6.3 STREET ADDRESS -07/18/97--01065--011	
6.4 CITY-ST-ZIP ***61.25	

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)