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Aug 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 # N96000006539 (8)
1. Corporation Name
VICTIMS OF INEQUITABLE COMPENSATION ENACTMENTS SOCIETY, INC.



Principal Place of Business 12207 MARAVILLA DRIVE PUNTA GORDA FL 33955	Mailing Address 12207 MARAVILLA DRIVE PUNTA GORDA FL 33955-2020
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3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report n/a
4. FEI Number 65-0740717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**HAIRE, BEVERLY
12207 MARAVILLA DRIVE
PUNTA GORDA FL 33955**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HENSLEY, SIM	1.2 NAME	SHANNON Forrester
STREET ADDRESS	32801 OIL WELL ROAD	1.3 STREET ADDRESS	Jamie Rd.
CITY-ST-ZIP	PUNTA GORDA FL 33955	1.4 CITY-ST-ZIP	N. Ft. Myers, FL
TITLE	D	2.1 TITLE	D
NAME	CARTER, DONALD	2.2 NAME	Jerry Wadel
STREET ADDRESS	360 DALTON BLVD.	2.3 STREET ADDRESS	7066 Sunnybrook Blvd
CITY-ST-ZIP	PORT CHARLOTTE FL 33952-8318	2.4 CITY-ST-ZIP	Englewood, FL. 34224
TITLE	D	3.1 TITLE	P
NAME	HAIRE, BEVERLY	3.2 NAME	HAIRE, BEVERLY
STREET ADDRESS	12207 MARAVILLA DRIVE	3.3 STREET ADDRESS	12207 MARAVILLA DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33955	3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	P	4.1 TITLE	VP
NAME	JANINE Benedict	4.2 NAME	VERA Vonfer
STREET ADDRESS	1156 WARE AVE.	4.3 STREET ADDRESS	1457 Kenmore St
CITY-ST-ZIP	Pt. Charlotte, FL. 33948	4.4 CITY-ST-ZIP	Pt. Charlotte, FL. 33962
TITLE	D	5.1 TITLE	Sec
NAME	Ronald Marshall	5.2 NAME	JANINE Benedict
STREET ADDRESS	2922 YORK Rd.	5.3 STREET ADDRESS	1156 WARE AVE.
CITY-ST-ZIP	St. James City, FL. 33956	5.4 CITY-ST-ZIP	Pt. Charlotte, FL 33948
TITLE	D	6.1 TITLE	TREAS.
NAME	DAVID RICE	6.2 NAME	Greg Kuzma
STREET ADDRESS	3807 PAPAYA ST.	6.3 STREET ADDRESS	1002 Fleetwood Dr.
CITY-ST-ZIP	St. James City, FL. 33956	6.4 CITY-ST-ZIP	Pt. Charlotte, FL. 33948

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)