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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

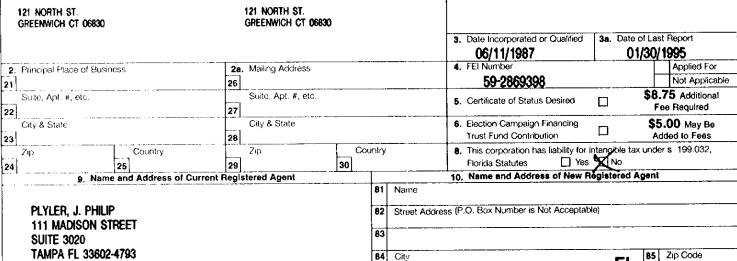
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(1)

MCI ARNON	ENTERPRISES.	INC.

Principal Place of Business

Mailing Address



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 607.0505, Florida Statutes.

	Signature, typerior printed name of registered ago it and title		TE: Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	PD PD	DELETE	1 1 TITLE	Citaile Citaile
VAMĒ	MCLARNON, CHARLES P.		1.2 NAME	
STREET ADDRESS	121 NORTH ST		1.3 STREET ADDRESS	
CHY-ST-ZIP	GREENWICH CT		1.4 CITY-ST-ZIP	
FILE	SD	DEFE LE	2 1 TITLE	Change Addition
NAME	PLYLER, J. PHILIP		2 2 NAME	
STREET ADDRESS	111 MADISON ST., S-3020		2.3 STREET ADDRESS	
CITY - ST- ZIP	TAMPA FL		2 4 CITY-ST-ZIP	4,1-1
TITLE		□ DELETE	3 1 TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - S1 - ZIF			3.4 CITY-ST-ZIP	
TITLE		DELETE	4. 1 TITLE	Change Additio
NAM :			4.2 NAME	
STREET ADDRESS			4.3 STREFT ADDRESS	
OTY-ST ZP			4 4 CITY - ST - ZIP	
		DELETE	5 1 TITLE	Change Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CHIY-ST-ZIP			5 4 CITY - ST - ZIP	
Titlef		DELETE	6 1 TITLE	Change Additio
NAME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City, St. 74			6.4 C)TY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armus' report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an artifar hment with an address

SIGNATURE:

WHE AND TYPEO OR PRINTED MAY OF SIGNING OFFICER OR DIRECTOR

2/11/96 203 661 8765

R2E034 (12/95)