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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P18412 (7)
1. Corporation Name
SYLVAN AGENCY, INC.



Principal Place of Business Mailing Address
10180 FRATERNAL CT STE 470 SAN DIEGO CA 92121 US

3. Date Incorporated or Qualified **03/14/1988** 3a. Date of Last Report **03/06/1996**
4. FEI Number **95-4135179** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**JANAS, GEORGE
GATEWAY CENTER, 1000 LEGION PLACE 1510
ORLANDO FL 32801**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, STUART C.	
STREET ADDRESS	10180 FRATERNAL CT, STE 470	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SMITH, FRANK L.	
STREET ADDRESS	10180 FRATERNAL CT, STE 470	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, STEVEN M.	
STREET ADDRESS	10180 FRATERNAL CT, STE 470	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JEROME, JOHN R.	
STREET ADDRESS	6505 E. 82ND #120	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARBAUGH, DAVID	
STREET ADDRESS	2000 ONE LOGAN SQUARE	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OLIVER, JULIA A	
STREET ADDRESS	10180 FRATERNAL CT, STE 470	
CITY-ST-ZIP	SAN DIEGO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shirley CARLSON	
1.3 STREET ADDRESS	10180 FRATERNAL Ct. #470	
1.4 CITY-ST-ZIP	SAN DIEGO, CA 92121	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	W. John ABRA	
2.3 STREET ADDRESS	789 Don MILLS Rd	
2.4 CITY-ST-ZIP	Don MILLS, Ontario, Canada M3C1T9	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kenneth Peterson	
3.3 STREET ADDRESS	789 Don MILLS Rd	
3.4 CITY-ST-ZIP	Don MILLS, ONTARIO, CANADA M3C1T9	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julia A. Oliver (Julia Oliver)* 1-16-97 619-550-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)