


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 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 # P29852 1. Corporation Name DICK GRAY ENTERPRISES, INC.		(1)	



Principal Place of Business 419 ST. JAMES AVE. STE. 800 SPRINGFIELD MA 01109	Mailing Address 419 ST. JAMES AVE. STE. 800 SPRINGFIELD MA 01109-3829
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2. Principal Place of Business 21 8430 ULMERTON RD #426 Suite, Apt. #, etc. 22 # 426 City & State 23 LARGO FL Zip 24 34641		2a. Mailing Address 26 419 St. James Ave Suite, Apt. #, etc. 27 SUITE 100 City & State 28 SPRINGFIELD MA Zip 29 01109-3829		3. Date Incorporated or Qualified 06/20/1990	3a. Date of Last Report 05/28/1996
4. FEI Number 04-2536783		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 GRAY, DICK 672 SNUG ISLAND CLEARWATER FL 34615		10. Name and Address of New Registered Agent 81 Name DICK GRAY 82 Street Address (P.O. Box Number is Not Acceptable) 2892 DEER RUN SOUTH 83 84 City CLEARWATER FL 85 Zip Code 34615	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT GRAY, DICK 672 SNUG ISLAND CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT GRAY, DICK 2892 DEER RUN SOUTH CLEARWATER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMSHOFF, CLARENCE 200 DOLPHIN WAY CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D. EMSHOFF CLARENCE 200 DOLPHIN POINT CLEARWATER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MERRELL, THOMAS L 2892 DEER ROW SO. CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP MERRELL THOMAS L 2892 DEER RUN SOUTH CLEARWATER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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: Dick Gray SIGNATURE REQUIRED March 31 97 813-535-5737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)