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Jan 15 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 # P33502

(6)

1. Corporation Name
LEVESQUE & ASSOCIATES, INC.



Principal Place of Business

PO BOX 49194
SARASOTA FL 34230

Mailing Address

PO BOX 49194
SARASOTA FL 34230-6194

3. Date Incorporated or Qualified

04/09/1991

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 1520 JADE LANE

2a. Mailing Address

26 1520 JADE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 TARPON SPRINGS, FL

27 City & State
28 TARPON SPRINGS, FL

24 Zip
34689

25 Country

29 Zip
34689

30 Country

4. FEI Number

93-0784793

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAPTISTE, RIA J.
888 BLVD OF THE ARTS #1904
SARASOTA FL 34236

81 Name
BAPTISTE, RIA J.

82 Street Address (P.O. Box Number is Not Acceptable)
1520 JADE LANE

83

84 City
TARPON SPRINGS

FL

85 Zip Code
34689

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

Signature typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVESQUES, J. RONALD
STREET ADDRESS 888 BLVD. OF THE ARTS #1904
CITY-ST-ZIP SARASOTA FL 34236

DELETE

TITLE STD
NAME BAPTISTE, RIA J.
STREET ADDRESS 888 BLVD. OF THE ARTS #1904
CITY-ST-ZIP SARASOTA FL 34236

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS 1520 JADE LANE

1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS 1520 JADE LANE

2.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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: RIA J. BAPTISTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

813-934-2993

CR2E034 (9/96)