

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO PENALTY: \$375

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 22 AM 8:46

DOCUMENT # P92000007204 (0)

1. Corporation Name

ALLAN & SHIPP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

400 COREY AVE
 SUITE 200
 ST PETERSBURG FL 33708

400 COREY AVE
 SUITE 200
 ST PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 11/24/1992

3a. Date of Last Report
 07/05/1994

2. Principal Place of Business

2a. Mailing Address

21 6675-13TH AVE N.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2C

27

City & State

City & State

23 ST. PETERSBURG, FL

28

24 33710

Country

25 USA

Zip

Country

30

4. FBI Number
 59-3153457

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

7. 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

SHIPP, WAYNE
 400 COREY AVENUE
 SUITE 200
 ST. PETERSBURG FL 33708

B1 Name WAYNE SHIPP
 B2 Street Address (P.O. Box Number is Not Acceptable)
 6675-13TH AVE. N.
 B3 SUITE 2C
 B4 City ST. PETERSBURG FL B5 Zip Code 33710

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 title if applicable

NOTE: Registered Agent signature required when reissuing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	SHIPP, WAYNE	400 COREY AVE SUITE 200	ST PETERSBURG BEACH FL 33708
P	SHIPP, WAYNE	400 COREY AVE, STE 200	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
		6675-13 TH AVE. N. # 2C	ST. PETERSBURG, FL. 33710	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the 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: X WAYNE E. SHIPP 6-9-95 813-381-9800
 (Date) (Typed Name)

CR2E034 (3/95)