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

Mailing Address

STE 1002

US

1408 N. WESTSHORE BLVD.

TAMPA FL 33607-4512

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1408 N WESTSHORE BLVD.

2. Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

STE 1002

US

TAMPA FL 33607



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

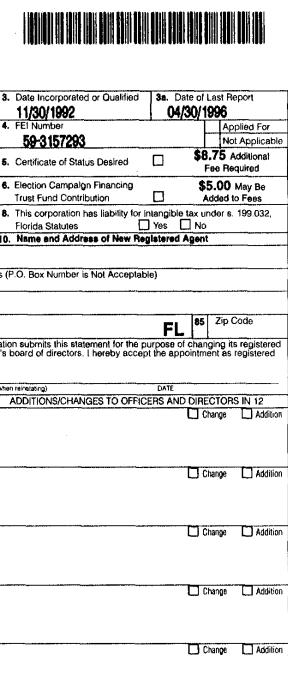
Secretary of State DIVISION OF CORPORATIONS

P92000008670 (1) DOCUMENT

THE AUSTIN GROUP, INC.

26 21 Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 AUSTIN, ALFRED S. 1408 N. WESTSHORE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 STE 1002 63 **TAMPA FL 33607** 84 City Zip Code 85 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 life if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) THLE PDS ☐ DELETE 1.1 TITLE Change Addition **AUSTIN, ALFRED S** NAME 1.2 NAME 1408 N. WESTSHORE BLVD, SUITE 1002 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 14 City-ST-ZIP CITY-ST-ZF Change TITLE DELETE 2.1 TITLE Addition DRINKARD, JOHN C 22 NAME NAME 1408 NORTH WESTSHORE BLVD., #1002 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33607** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CHTY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE Change Addition THUE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP City-SI-7P DELETE Change Addition TiltE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHY-ST-ZIP 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

FILED
Apr 22 1997 8:00am
Secretary of State



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