


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

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P92000014834 (5)</b> 1. Corporation Name: <b>LATON MACHINE, INC.</b>					
Principal Place of Business <b>946 DERBY AVENUE</b> <b>AUBURNDALE FL 33823</b>			Mailing Address <b>946 DERBY AVENUE</b> <b>AUBURNDALE FL 33823</b>		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>12/21/1992</b>	
				<b>3a. Date of Last Report</b> <b>05/29/1996</b>	
<b>4. FEI Number</b> <b>59-3164891</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable	
				<b>\$8.75 Additional Fee Required</b>	
				<b>\$5.00 May Be Added to Fees</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>BURTON, DAVID W</b> <b>946 DERBY AVENUE</b> <b>AUBURNDALE FL 33823</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>BILLY E. MINCEY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>946 DERBY AVENUE</b> 83 84 City <b>AUBURNDALE FL</b> 85 Zip Code <b>33823</b>		
<b>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.</b> SIGNATURE <i>Billy E. Mincey</i> <b>Billy E. Mincey President</b> <b>3-17-97</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, DAVID W		1.2 NAME		
STREET ADDRESS	946 DERBY AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	AUBURNDALE FL 33823		1.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, DALLAS		2.2 NAME		
STREET ADDRESS	946 DERBY AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	AUBURNDALE FL 33823		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINCEY, BILLY		3.2 NAME		
STREET ADDRESS	946 DERBY AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	AUBURNDALE FL 33823		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		



CR2E034 (9/96)

**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:** *Billy E. Mincey* **3/17/97** **941-967-0454**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #