

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

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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000036895 (9)			
1. Corporation Name WARHURST ENTERPRISES, INC.			
Principal Place of Business 1890 SEMORAN BOULEVARD SUITE 393 WINTER PARK FL 32782		Mailing Address 1890 SEMORAN BOULEVARD SUITE 393 WINTER PARK FL 32782-3287	
2. Principal Place of Business 21 2464 VIA GENOVA Suite, Apt. #, etc. 22 City & State 23 Apopka FL 24 32712 25 Orange		28. Mailing Address 26 2464 VIA GENOVA Suite, Apt. #, etc. 27 City & State 28 Apopka, FL 29 32712 30 Orange	
9. Name and Address of Current Registered Agent STAMP, MARTIN F ESQUIRE 201 S. ORANGE AVENUE SUITE 900 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 ORLANDO, FL FL 85 Zip Code 32803	
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 <i>Martin F. Stamp Jr.</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/22/97			
12. OFFICERS AND DIRECTORS TITLE DPST NAME WARHURST, MICHAEL V STREET ADDRESS 1890 SEMORAN BLVD., SUITE 393 CITY-ST-ZIP WINTER PARK FL 32782		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 officer 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 addendum with an address.			
SIGNATURE: <i>Michael V. Warhurst</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael V. Warhurst		Date 4/28/97 Daytime Phone # 889-8310	



CR2E034 (9/96)