

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

FILED
Apr 11 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 # P93000041855 (6)			
1. Corporation Name PARCELS PLUS OF S.W. FLORIDA, INC.			
Principal Place of Business 16251 U.S. 41 NORTH UNIT 2 N. FT. MYERS FL 33903		Mailing Address 16251 U.S. 41 NORTH UNIT 2 N. FT. MYERS FL 33903-2176	
2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 300 FT. MYERS FL 33919		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	BAKER, WILLIAM P SR.	1.2 NAME	
STREET ADDRESS	16251 U.S. 41 NORTH, UNIT 2	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL 33903	1.4 CITY - ST - ZIP	Change Addition
TITLE	D	2.1 TITLE	Change Addition
NAME	BAKER, WILLIAM P JR.	2.2 NAME	
STREET ADDRESS	16251 U.S. 41 NORTH, UNIT 2	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL 33903	2.4 CITY - ST - ZIP	Change Addition
TITLE	D	3.1 TITLE	Change Addition
NAME	BAKER, JOY L	3.2 NAME	
STREET ADDRESS	16251 U.S. 41 NORTH, UNIT 2	3.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL 33903	3.4 CITY - ST - ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change Addition
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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-8-97 0396772	

CR2E034 (9/96)