


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

FILED

May 02 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 # P93000067279 (8)			
1. Corporation Name DRIZZLE CORPORATION			
Principal Place of Business 3010 WEST GANDY BLVD. UNIT 5 TAMPA FL 33611		Mailing Address 3010 WEST GANDY BLVD. UNIT 5 TAMPA FL 33611-2811	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		09/22/1993	
22 City & State		05/01/1996	
23 Zip		4. FEI Number	
24 Country		59-3203270	
25		5. Certificate of Status Desired	
26		Not Applicable	
27		8.75 Additional Fee Required	
28		6. Election Campaign Financing	
29		Trust Fund Contribution	
30		5.00 May Be Added to Fees	
31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
32		Yes No	
33		9. Name and Address of Current Registered Agent	
34		10. Name and Address of New Registered Agent	
35		81 Name	
36		82 Street Address (P.O. Box Number is Not Acceptable)	
37		83	
38		84 City	
39		85 Zip Code	
40		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		DATE	
[Signature]		4/21/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME	
2.2 NAME		2.3 STREET ADDRESS	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
2.4 CITY - ST - ZIP		3.1 TITLE	
3.1 TITLE		3.2 NAME	
3.2 NAME		3.3 STREET ADDRESS	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
3.4 CITY - ST - ZIP		4.1 TITLE	
4.1 TITLE		4.2 NAME	
4.2 NAME		4.3 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
4.4 CITY - ST - ZIP		5.1 TITLE	
5.1 TITLE		5.2 NAME	
5.2 NAME		5.3 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
5.4 CITY - ST - ZIP		6.1 TITLE	
6.1 TITLE		6.2 NAME	
6.2 NAME		6.3 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 CITY - 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		DATE	
[Signature]		4/21/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
Thomas M. Naayers		813-832-4464	



CR2E034 (9/96)