

APPROVED
AND
FILED

1997 JUN 20 AM 11: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• • PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State • DIVISION OF CORPORATIONS
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DOCUMENT # P93000081845 (8)

1. Corporation Name
ERGO, INC.

Principal Place of Business	Mailing Address
478 E ALTAMONTE DR SUITE 108-312 ALTAMONTE SPRINGS FL 32701	478 E ALTAMONTE DR SUITE 108-312 ALTAMONTE SPRINGS FL 32701-4615

2. Principal Place of Business		2a. Mailing Address	
21	103 Pineview Cr	26	Same
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
	City & State		City & State
23	Altamonte Springs, FL	28	
	Zip Country		Zip Country
24	32714	29	
	Seminole	30	

3. Date Incorporated or Qualified 11/17/1993		3a. Date of Last Report 04/22/1996	
4. FEI Number 59-3214252		Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		81	Name
FLICK, JAMES J. 6903 BARBY LANE ORLANDO FL 32812		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent

ALIA D. MICHELS
(P.O. Box Number is Not Acceptable)
Interview CR

MOBILE SPRINGS FL 85 Zip Code 33714

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 Cynthia J. Michol

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

6/19/97
DATE

12. OFFICERS AND DIRECTORS			13.
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	MICHEL, CYNTHIA D		1.2 NAME
STREET ADDRESS	103 PINEVIEW CIR		1.3 STREET ADDRESS
CITY - ST - ZIP	ALTAMONTE SPRINGS FL		1.4 CITY - ST - ZIP
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	MICHEL, DAVID		2.2 NAME
STREET ADDRESS	103 PINEVIEW CIR		2.3 STREET ADDRESS
CITY - ST - ZIP	ALTAMONTE SPRINGS FL		2.4 CITY - ST - ZIP
TITLE	VPT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	FLICK, JAMES		3.2 NAME
STREET ADDRESS	6903 BARBY LN		3.3 STREET ADDRESS
CITY - ST - ZIP	ORLANDO FL		3.4 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	FULWILER, STANLEY A.		4.2 NAME
STREET ADDRESS	2035 JAMAICA WAY		4.3 STREET ADDRESS
CITY - ST - ZIP	PUNTA GORDA FL		4.4 CITY - ST - ZIP
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	MARY FULWILER		5.2 NAME
STREET ADDRESS	115 Breakers Ct.		5.3 STREET ADDRESS
CITY - ST - ZIP	Punta Gorda, FL 33950		5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P, D, VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
00000220720--3 -06/24/97--01004--007 *****558.75 *****558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FULWILER, STANLEY A. 115 BREAKERS CT PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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:

~~SIGMA UNIT~~ ~~RECORDED~~ ~~INDEXED~~

1. Наименование: Секретариат

CR2E034 (9/96)