


5-13-97 B-7081 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 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 # P93000087549 (0)			
1. Corporation Name LITCHFIELD AND NELSON, INC.			
Principal Place of Business 3033 RIVIERA DR., #104 NAPLES FL 33999		Mailing Address 3033 RIVIERA DR., #104 NAPLES FL 34103-2746	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NELSON, DENNIS 3033 RIVIERA DR., #104 NAPLES FL 33999		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 34103	
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 reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME NELSON, DENNIS 1.3 STREET ADDRESS 5991 20TH AVE. NW 1.4 CITY-ST-ZIP NAPLES FL		1.1 TITLE VTD 1.2 NAME NELSON, DENNIS 1.3 STREET ADDRESS 4495 30TH PL, SW 1.4 CITY-ST-ZIP NAPLES, FL 34116	
2.1 TITLE D 2.2 NAME PERNICIARO, DAWN L 2.3 STREET ADDRESS 4495 30 PL SW 2.4 CITY-ST-ZIP NAPLES FL 33999		2.1 TITLE PD 2.2 NAME PERNICIARO, DAWN L. 2.3 STREET ADDRESS 4495 30TH PL, SW 2.4 CITY-ST-ZIP NAPLES, FL 34116	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 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		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		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		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 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: _____		4/30/97 941-261-4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	



CR2E034 (9/96)