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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400002691 (1)

NOW & THEN, INC.

FILED Apr 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2621 SE OCEAN BLVD. STUART FL 34996 US Mailing Address 2621 SE OCEAN BLVD. STUART FL 34996-3401 US										
							3. Date Incorporated or Qualified 01/03/1994		e of Last 1/1996	Report
2. Principal Place of Rusiness 21 Pl oboth 22 Rel abo							4. FEI Number Applied For			Applied For Not Applicable
Suite, Apt.			ot #, etc.			***************************************	5. Certificate of Status Desired		\$8.75	Additional Required
City & Sta	lo	City & St	tate				Election Campaign Financing Trust Fund Contribution			May Be
Zq>	Country 25	Zıp 29		Cour 30	ntry			Yes [ax under No	
	9. Name and Address of Cui	rrent Registered Age	ent		041		10. Name and Address of New Re	gistered A	gent	
	MIANO, GLORIA S				81	Name				
2621 SE OCEAN BLVD. STUART FL 34996					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
-				j	83		**************************************		*******	
					84	City	***************************************	FL	85 Zip	Code
SIGNATURE 12. Title	Significant types or pented hards of registered OFFICERS	AND DIRECTORS	DELETE	TE: Registered		ntiper erutangia m	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC		DIRECTO	
NAME STREET ADDRESS CHY+ST+7IP	D'AMIANO, GLORIA S 5 ISLAND ROAD STUART FL			1.2 NA 1.3 ST 1.4 CIT	reet	ADORESS T-ZIP				
THEE NAME STREET AUDRESS			DELETE	2.1 TIT 2.2 NA	LE Me	ADORESS		······································	Change	Addition
CHY-S1-ZIP TITLE			DELETE	2.4 CI 3 1 TIT		SY - ZIP			Change	Addition
NAME STREET ADDRESS				32 NA 33 ST		ADDRESS				
CITY - ST - 7NF			DELETE	3.4. CI 4.1 TiT	LE.	ST-ZIP			Chan g e	Addition
NAME STREET ADDRESS					REET	ADDRESS				
CITY-ST-7IP TITLE NAME			DELETE	5.1 TIT 5.2 NA	LE	1 - ZIP			Change	Addition
STREET ADORESS CDTY-ST-Ze					REET	ADDRESS IT-ZIP				
TITLE NAME			DELETE	6.1 TIT 1 6.2 NA	MÉ				Change	Addition
STREET ADDRESS CITY - S1 - ZIP		alicet with this fills -		6.4 CII	TY-S		in Section 119.07(3)(i), Florida Statute	16.46		

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 orporation 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 12 if changed, or on an attachment with an address.

SIGNATURE: