

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 # P94000003725 (6)

1. Corporation Name
FOG LAKELAND GENERAL, INC.



Principal Place of Business 1745 W FLETCHER TAMPA FL 33612 US	Mailing Address 1745 W. FLETCHER AVE. TAMPA FL 33612-1820 US
---	--

3. Date Incorporated or Qualified 01/13/1994	3a. Date of Last Report 05/01/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
---	---	-------------	-------------

4. FEI Number 59-3219138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARK O. HACKNER 1745 W. FLETCHER AVE. TAMPA FL 34205		10. Name and Address of New Registered Agent	
		B1 Name Clifford L. Walters	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3 802 11th ST W	
		B4 City Brandon TN	B5 Zip Code FL 34205

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 *Clifford L. Walters* DATE **4/17/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HACKNER, MARK O		1.2 NAME Abner Levine	
STREET ADDRESS 1745 W FLETCHER		1.3 STREET ADDRESS 16858 River Birch Circle	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Del Ray Beach, FL 33445	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, LEONARD G		2.2 NAME Mildred Levine	
STREET ADDRESS 1745 W FLETCHER		2.3 STREET ADDRESS 16858 River Birch Circle	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Del Ray Beach, FL 33445	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Richard Levin	
STREET ADDRESS		3.3 STREET ADDRESS 584 Hornblower Lane	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Longboat Key, FL 34228	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Viasst. Sec. II	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Suzanne Rice	
STREET ADDRESS		4.3 STREET ADDRESS 1733 W. Fletcher Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Tampa, FL 33612	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Viasst. Treas. I/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Steven Levin	
STREET ADDRESS		5.3 STREET ADDRESS 1733 W. Fletcher Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Tampa, FL 33612	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: *Suzanne Rice* **SUZANNE RICE** DATE **4/29/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)