


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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000010018 (7)

1. Corporation Name  
THE TRANSITION TEAM, INC.



Principal Place of Business 19321 U.S. 19 NORTH SUITE 405 CLEARWATER FL 34624	Mailing Address 19321 U.S. 19 NORTH SUITE 405 CLEARWATER FL 34624-3142
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3. Date Incorporated or Qualified 02/08/1994	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business 21 1600 GULF BLVD. Suite, Apt. #, etc. 22 #418 City & State 23 CLEARWATER, FL Zip 24 34630 Country 25 U.S.A.	2a. Mailing Address 26 1600 GULF BLVD. Suite, Apt. #, etc. 27 #418 City & State 28 CLEARWATER, FL Zip 29 34630 Country 30 U.S.A.
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4. FEI Number 59-3224567	Applied For 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 PLETCHER, CHARLES F 19321 US 19 NORTH SUITE 405 CLEARWATER FL 34624	10. Name and Address of New Registered Agent 81 Name PLETCHER, CHARLES F. 82 Street Address (P.O. Box Number is Not Acceptable) 1600 GULF BLVD., #418 83 84 City CLEARWATER FL 85 Zip Code 34630
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PLETCHER, CHARLES F 19321 US 19 N., STE 405 CLEARWATER FL 34624 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD PLETCHER, CHARLES F. 1600 GULF BLVD., #418 CLEARWATER, FL 34630 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, SAMUEL N. 24260 BLACKSTONE OAK PARK MI 28237 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, GRAHAM S. 2874 TALL OAKS CT., APT 13 AUBURN HILLS MI 48326 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S SMITH, GRAHAM S. 4882 GEORGETOWN OAKLAND TWP., MI 48306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, ALAN D 15 DEERPATH DR OLDSMAR FL 34677 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T JOHNSON, ALAN D. 9079 MARY ANN AVE. SHELBY TWP., MI 48317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<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:  ALAN D. JOHNSON 4/8/98 (810) 649-1363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)