

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 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 # P94000031297 (2)

1. Corporation Name
TREEMONTE, INC.

Principal Place of Business
720 MAGNOLIA ST
NEW SMYRNA BEACH FL 32168

Mailing Address
720 MAGNOLIA ST
NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/21/1994		08/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3243736		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

WILEY, DAVID J
720 MAGNOLIA ST
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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	
TITLE	DP	1.1 TITLE	
NAME	WILEY, KAREN A	1.2 NAME	
STREET ADDRESS	720 MAGNOLIA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	DEVER, THOMAS W	2.2 NAME	
STREET ADDRESS	765 OLD MISSION RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	SMITH, J LAWRENCE	3.2 NAME	
STREET ADDRESS	428 QUAY ASSISI	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____

9/12/97

CR2E034 (4/97)