


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

FILED

Apr 10 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 # P94000031481 (2)					
1. Corporation Name: FETCHIT, INC.					
Principal Place of Business 137-F TOMAHAWK DRIVE INDIAN HARBOR BEACH FL 32937 US			Mailing Address 157 BERKELEY STREET SATURN BEACH FL 32937-2223 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 1669 Palm Ridge Road Suite, Apt. #, etc. 27 City & State 28 Melbourne, Florida Zip 29 32935 30 Brevard		3. Date Incorporated or Qualified 04/22/1994	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-3238602	
				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 JIM O'BRIEN 516 N. HARBOR CITY BLVD. MELBOURNE FL 32935			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 _____ DATE _____ <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DPT	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BRYCE CHARRON		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	157 BERKELEY ST		1.2 NAME		
CITY- ST- ZIP	SATELLITE BEACH FL		1.3 STREET ADDRESS		
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE	1.4 CITY- ST- ZIP		
NAME	TODD CHARRON		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	733 YUKON ST NE		2.2 NAME		
CITY- ST- ZIP	PALM BAY FL		2.3 STREET ADDRESS		
TITLE	DAS	<input checked="" type="checkbox"/> DELETE	2.4 CITY- ST- ZIP		
NAME	HEATHER CHARRON		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	733 YUKON ST NE		3.2 NAME		
CITY- ST- ZIP	PALM BAY FL		3.3 STREET ADDRESS		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.4 CITY- ST- ZIP		
NAME	CHARRON, KATHLEEN		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2412 SARNO RD		4.2 NAME		
CITY- ST- ZIP	MELBOURNE FL 32935		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY- ST- ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY- ST- ZIP			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 _____ 4-4-97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/96)