

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031974 (6)

1. Corporation Name
THE SECOND CITY COMPANY

Principal Place of Business

5444 BAY CENTER DRIVE
STE 217
TAMPA FL 33609
US

Mailing Address

PO BX 2919
TAMPA FL 33601-2919
US

APPROVED
AND
FILED

1997 JUN 20 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



21. Principal Place of Business		22. Mailing Address	
4310 W Hillsborough Avenue		PO BX 2919	
Suite, Apt. #, etc.		TAMPA FL 33601-2919	
City & State		US	
23. Tampa FL			
Zip	Country	Zip	Country
24. 33614	25.	29.	30.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/27/1994	04/29/1996
4. FEI Number	Applied For
59-3239038	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$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		10. Name and Address of New Registered Agent	
MOSS, CRAIG I		81. Name	
5444 BAY CENTER DRIVE		82. Street Address (P.O. Box Number is Not Acceptable)	
STE 217		4310 W Hillsborough Avenue	
TAMPA FL 33601		83.	
		84. City	
		Tampa	
		FL	
		85. Zip Code	
		33614	

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	MOSS, HOWARD	1.2 NAME	MOSS, Howard
STREET ADDRESS	5444 BAY CENTER DR., STE 217	1.3 STREET ADDRESS	P.O. Box 2919
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	Tampa FL 33601-2919
TITLE	VPS	2.1 TITLE	VPS
NAME	MOSS, CRAIG I	2.2 NAME	MOSS, Craig
STREET ADDRESS	5444 BAY CENTER DR., STE 217	2.3 STREET ADDRESS	P.O. Box 2919
CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	Tampa FL 33601-2919
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 _____ SIGNATURE REQUIRED _____

CR2E034 (9/96)