


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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morjahn Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P94000033114</i> 1. Corporation Name <i>2424 A NEW ATTITUDE, INC.</i> <i>239 5TH AVE.</i> <i>INDIALANTIC, FL 32903-3155</i>			
Principal Place of Business <i>SAME</i>		Mailing Address <i>SAME</i>	
2. Principal Place of Business 21 <i>SAME</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>SAME</i> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <i>May 1994</i>	3a. Date of Last Report <i>May 1996</i>
22 City & State	27 City & State	4. FEI Number <i>59-3246465</i>	Applied For <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	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 <i>Christine + Mender</i> <i>239 5th Ave. Indialantic, Fl.</i> <i>32903</i>		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 607.1501, 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 <i>Christine + Mender</i> May 9, 1997 <small>(Signature typed or printed name of registered agent and title if applicable) (Name: Registered Agent Signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>PRESIDENT</i> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <i>CHRISTINE MENDEL</i>	1.2 NAME		
STREET ADDRESS <i>951 GRAINGER ST.</i>	1.3 STREET ADDRESS		
CITY-ST-ZIP <i>PALM BAY, FL 32909</i>	1.4 CITY-ST-ZIP		
TITLE <i>VICE PRESIDENT</i> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <i>JANET MENDEL</i>	2.2 NAME		
STREET ADDRESS <i>930 HATTARASTER SE.</i>	2.3 STREET ADDRESS		
CITY-ST-ZIP <i>PALM BAY, FL 32909</i>	2.4 CITY-ST-ZIP		
TITLE <i>SECT. TREAS.</i> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <i>THERESA BOASCI</i>	3.2 NAME		
STREET ADDRESS <i>930 HATTARASTER SE.</i>	3.3 STREET ADDRESS		
CITY-ST-ZIP <i>PALM BAY, FL 32909</i>	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
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 <i>Theresa Boasci Sec/Treas.</i> 4/26/97 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			

CR2E034 (9/96)