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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McInnis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000039404 (6)

1. Corporation Name
PULLEN ENTERPRISES, INC.

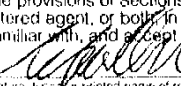


Principal Place of Business ELM TREE LODGE 6205 VIOLA LANE NEW PORT RICHEY FL 34063 US	Mailing Address 5421 ILLINOIS AVE. NEW PORT RICHEY FL 34652-2624
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2. Principal Place of Business 21 ELM TREE LODGE Suite, Apt. #, etc. 22 6205 City & State 23 New Port Richey FL Zip 24 34666 Country 25 USA	2a. Mailing Address 26 5421 ILLINOIS AVE Suite, Apt. #, etc. 27 City & State 28 New Port Richey FL Zip 29 34652 Country 30 USA	3. Date Incorporated or Qualified 05/23/1994 3a. Date of Last Report 02/27/1996 4. FEI Number 59-3245714 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PULLEN, MARK 5421 ILLINOIS AVE. NEW PORT RICHEY FL 34652	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
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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  MARK PULLEN PRESIDENT DATE 3-4-97

Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.2 1.3 1.4 2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 2.2 2.3 2.4 3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 3.2 3.3 3.4 4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 4.2 4.3 4.4 5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 5.2 5.3 5.4 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 6.2 6.3 6.4	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
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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. 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:  MARK PULLEN DATE 3-31-97 (813) 8482326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR