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Apr 28 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 # P94000045208 (3)

1. Corporation Name
CORKSCREW PARTNERS, INC.



Principal Place of Business % NORTH AMERICAN PROPERTIES OF SOUTH FLA. 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907	Mailing Address % NORTH AMERICAN PROPERTIES OF SOUTH FLA. 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907-3807
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3. Date Incorporated or Qualified 06/16/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0517005	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**HAFELE, DALE G
12995 S. CLEVELAND AVE.
SUITE 214
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

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

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	NAME	DELET	1.1 TITLE	Change	Addition
NAME	HAFELE, DALE G		1.2 NAME		
STREET ADDRESS	12995 S. CLEVELAND AVE., STE. 214		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	D	DELET	2.1 TITLE	Change	Addition
NAME	WILLIAMS, THOMAS L		2.2 NAME		
STREET ADDRESS	212 EAST 3RD ST., STE. 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		2.4 CITY-ST-ZIP		
TITLE	D	DELET	3.1 TITLE	Change	Addition
NAME	WILLIAMS, WILLIAM J JR.		3.2 NAME		
STREET ADDRESS	212 EAST 3RD ST., STE. 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		3.4 CITY-ST-ZIP		
TITLE		DELET	4.1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELET	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELET	6.1 TITLE	Change	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: *[Signature]* **DALE G. HAFELE, V.P.** 4/29/97 941-278-1121
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)