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Jan 27 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 # P94000050998 (1)

1. Corporation Name
SUBSOLUTION, INC.



Principal Place of Business

2963 GULF-TO-BAY BLVD
SUITE 120
CLEARWATER FL 34619

Mailing Address

2963 GULF-TO-BAY BLVD
SUITE 120
CLEARWATER FL 34619-4200

3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 03/29/1996
4. FEI Number 59-3256005	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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

DECOURSY, DAVID A
2963 GULF-TO-BAY BLVD
SUITE 120
CLEARWATER FL 34619

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DECOURSY, DAVID A
STREET ADDRESS 2884 MCMULLEN BOOTH RD #634
CITY-ST-ZIP CLEARWATER FL 34621

TITLE TD
NAME DECOURSY, RICHARD D
STREET ADDRESS 2861 THAXTON DRIVE #48
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE SD
NAME MCCOMAS, DAVID
STREET ADDRESS 948 PHILCO DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DeCoursy, David A
1.3 STREET ADDRESS 1340 GULF BLVD #12-G
1.4 CITY-ST-ZIP Clearwater Beach, FL 34630

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD
3.2 NAME McComas, David
3.3 STREET ADDRESS 1520 GULF BLVD #1607
3.4 CITY-ST-ZIP Clearwater, FL 34630

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

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:

David A. DeCoursy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Director 1-20-97 813-724-858

Date

Daytime Phone

CR2E034 (9/96)