

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995			* FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations	
DOCUMENT # P94000060413 (9)			1. Corporation Name SONGBIRD, INC.	

Principal Place of Business 1810 E BRANDON BLVD VALRICO FL 33511	Mailing Address 1810 E BRANDON BLVD VALRICO FL 33511
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25. Mailing Address 26 306 Cambridge Place 27 Suite, Apt. #, etc. 28 Brandon, FL 29 Zip 30 Country
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9. Name and Address of Current Registered Agent LAZZARA, PHILIP R 307 S BLVD SUITE D TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SCOLARO, SAM E	1.2 NAME	SCOLARO, SAM E
STREET ADDRESS	1810 E BRANDON BLVD	1.3 STREET ADDRESS	306 CAMBRIDGE PLACE
CITY - ST - ZIP	VALRICO FL 33511	1.4 CITY - ST - ZIP	BRANDON, FL 33511
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information contained 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 this 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 as a director or in an attachment with an address.

SIGNATURE: Sam E. Scolaro, D.O. (Signature typed or printed name of officer or director) DATE: 5/13/95