

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000069392 (6)**  
 1. Corporation Name  
**THE MCGIFFEN GROUP, INC.**



Principal Place of Business <b>109 OVERLEA WAY VENICE FL 34292</b>	Mailing Address <b>46 N WASHINGTON BLVD #1 SARASOTA FL 34236-5977</b>
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3. Date Incorporated or Qualified <b>09/19/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0527149</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>109 Overlea Way</b>
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City, State
24 Country	29 Zip
25 Country	30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD., #1**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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

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		DELETE
TITLE	<b>DPS</b>	<input type="checkbox"/>
NAME	<b>MCGIFFEN, JOHN W</b>	
STREET ADDRESS	<b>109 OVERLEA WAY</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>DVPT</b>	<input type="checkbox"/>
NAME	<b>CHAMBERLAIN, FRED</b>	
STREET ADDRESS	<b>109 OVERLEA WAY</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/>
NAME	<b>EDSEL, EDWARD E</b>	
STREET ADDRESS	<b>109 OVERLEA WAY</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>VP, T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>VP, AS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *John W. McGiffen* (941) 497-4786

CR2E034 (9/96)