


FILE NOW: FILING FEE AFTER MAY 1 IS \$552.00.

FILED

Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 795000015116
1. Corporation Name

Carlson & Associates, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	5728 MAJOR BLVD	26	5728 MAJOR BLVD	2/23/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	250	27	250	59-3320578	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	ORLANDO, FL	28	ORLANDO, FL	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32819	29	Zip 32819	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
25	Country ORANGE	30	Country ORANGE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / CEO	1.1 TITLE	
NAME	PIER S. BJORKLUND	1.2 NAME	
STREET ADDRESS	4240 WINDLAKES DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32835	1.4 CITY - ST - ZIP	
TITLE	VICE PRES	2.1 TITLE	
NAME	PETER S. BJORKLUND	2.2 NAME	
STREET ADDRESS	1321 MONTELEONE AVE 5351 GLASGOW AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32819	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 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, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

407-352-4898

CR2E034 (9/96)