FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022596 (7)

1. Corporation Name

ODYSSEY II, INC.

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD., SUITE 3305 TAMPA FL 33602-5153	101 E. KENNEDY BLVD., SUITE 3305 TAMPA FL 33602-5153

3. Date Incorporated or Qualified: 03/21/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6816 River Blvd	26 6816 River Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tampa, FL	28 Tampa, FL,
24 Zip 33604 / 25 Country Hillsborough	29 Zip 33604 / 30 Country Hillsborough

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

STITZEL, HOWARD D III
101 E. KENNEDY BLVD., SUITE 3305
TAMPA FL 33602-5153

10. Name and Address of New Registered Agent

81 Name: Mark Mooney
82 Street Address (P.O. Box Number is Not Acceptable): 13907 N Dale Mabry
83: Bay Lake Center Suite 201
84 City: Tampa FL 85 Zip Code: 33618

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] Mark Mooney 6-12-96
Signature, typed or printed name of registered agent and date (required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	MATASSINI, PASQUALE (PAT)	1.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 3305	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602-5153	1.4 CITY-ST-ZIP	
[ ] DELETE			
TITLE		2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
[ ] DELETE			
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
[ ] DELETE			
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
[ ] DELETE			
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
[ ] DELETE			
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$25.00 DBB 6/16/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pasquale (Pat) Matassini 6-4-96 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title

CR2E034 (12/95)