
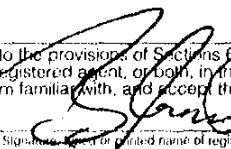
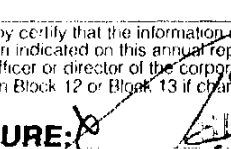


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 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 # P95000033216 (9) | | | |
| 1. Corporation Name ADVANTA ENTERPRISES, INC. | | | |
| Principal Place of Business 221 MAPLE PALM HARBOR FL 34684 | | Mailing Address 221 MAPLE PALM HARBOR FL 34684-1236 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 9. Name and Address of Current Registered Agent WAWRIK, GAYLORD 221 MAPLE PALM HARBOR FL 34684 | | 10. Name and Address of New Registered Agent | |
| 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. | | 81 Name Boris Nawrik 82 Street Address (P.O. Box Number is Not Acceptable) 567 Duanside Ct 83 84 City Palm Harbor, FL 34683 85 Zip Code 34683 | |
| SIGNATURE  | | DATE 04-11-97 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PTD WAWRIK, GAYLORD | 1.1 TITLE | D Wawrik, Gaylord |
| NAME | 221 MAPLE | 1.2 NAME | 221 Maple Ave. |
| STREET ADDRESS | PALM HARBOR FL | 1.3 STREET ADDRESS | Palm Harbor, FL 34684 |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | D WAWRIK, ANNA | 2.1 TITLE | |
| NAME | 221 MAPLE | 2.2 NAME | |
| STREET ADDRESS | PALM HARBOR FL 34684 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | D CALLABY, RICHARD | 3.1 TITLE | |
| NAME | 221 MAPLE | 3.2 NAME | |
| STREET ADDRESS | PALM HARBOR FL 34684 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | D WAWRIK, BORIS | 4.1 TITLE | PT Wawrik, Boris |
| NAME | 221 MAPLE | 4.2 NAME | 221 Maple Ave. |
| STREET ADDRESS | PALM HARBOR FL 34684 | 4.3 STREET ADDRESS | Palm Harbor, FL 34684 |
| 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:  | | 04-11-97 (813) 784-2885 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



CR2E034 (9/96)