

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

FILED
Apr 23 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 # P95000035560 (8)
 1. Corporation Name
FAMOUS DRAGON ACCESSORIES, INC.



Principal Place of Business 218 SOUTH SEABOARD AVE. VENICE FL 34292 320 Center Rd Venice, FL 34292		Mailing Address 218 SOUTH SEABOARD AVE. VENICE FL 34292 320 Center Rd Venice, FL 34292	
21. Principal Place of Business 1857 BAYVIEW DR. Suite, Apt. #, etc. #100	26. Mailing Address 1857 BAYVIEW DR. Suite, Apt. #, etc. #100	22. City & State VENICE FL	27. City & State VENICE FL
23. Zip 34292	25. Country USA	29. Zip 34292	30. Country USA

3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0000100 65-0723182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

TOWERY, JERREL E
333 S. TAMiami TRAIL STE 291
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, MICHAEL W
STREET ADDRESS	218 SOUTH SEABOARD AVE.
CITY-ST-ZIP	VENICE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TRAYLOR, KENNETH W
STREET ADDRESS	218 SOUTH SEABOARD AVE.
CITY-ST-ZIP	VENICE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James R. Horton
1.3 STREET ADDRESS	320 Center Rd.
1.4 CITY-ST-ZIP	Venice, FL 34292
2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Craig C. Clarke
2.3 STREET ADDRESS	5290 SW 1ST Rd
2.4 CITY-ST-ZIP	VENICE FL 34231
3.1 TITLE	Sarasota <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ DATE **4/10/97** **941 927-1947**

CR2E034 (9/96)