
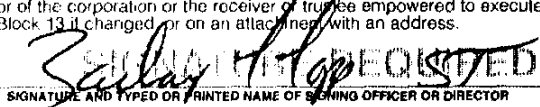


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # P95000049188 (2) 1. Corporation Name NATIONAL PBE, INC.					
Principal Place of Business 15 NORTH KENT AVENUE ORLANDO FL 32805			Mailing Address 15 NORTH KENT AVENUE ORLANDO FL 32805-1717		
2. Principal Place of Business 21 6529 Southern Blvd Suite, Apt. #, etc. 22 City & State 23 West Palm Beach FL Zip 24 33413		2a. Mailing Address 26 6529 Southern Blvd Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33413		3. Date Incorporated or Qualified 06/23/1995 3a. Date of Last Report 06/13/1996 4. FEI Number 59-3333822 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PECKHAM, GEOFFREY 15 NORTH KENT AVENUE ORLANDO FL 32805			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6529 Southern Blvd. 83 84 City West Palm Beach FL 85 Zip Code 33413		
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 _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	PECKHAM, GEOFFREY				
STREET ADDRESS	15 NORTH KENT AVENUE				
CITY - ST - ZIP	ORLANDO FL 32805				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	TAPP, ZACHARY				
STREET ADDRESS	825 SOUTH BLVD				
CITY - ST - ZIP	TAMPA FL 33606				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	MONDAY, KATHLEEN A				
STREET ADDRESS	15705 CHADWICK COURT				
CITY - ST - ZIP	TAMPA FL 33647				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	HOLLYFIELD, SYNDE W				
STREET ADDRESS	3117 CAMELLIAWOOD CIRCLE				
CITY - ST - ZIP	TALLAHASSEE FL 32301				
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.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS	6529 Southern Blvd				
1.4 CITY - ST - ZIP	West Palm Beach, FL 33413				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<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	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	John D. Stevens				
5.3 STREET ADDRESS	700 Teal Way				
5.4 CITY - ST - ZIP	North Palm Beach, FL 33408				
6.1 TITLE	UP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Charles F. Hansen, Jr.				
6.3 STREET ADDRESS	6529 Southern Blvd.				
6.4 CITY - ST - ZIP	West Palm Beach FL 33413				
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:  RECEIVED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/15/97 (900) 432-2717 Daytime Phone #					



CR2E034 (9/96)

**NATIONAL PBE, INC.
6529 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413
FEI NUMBER 59-3333822**

SUPPLEMENTAL ADDITIONS/CHANGES

OFFICERS AND DIRECTORS

ADDITION

Vice President

Robert B. Smithwick, Jr.
104 N. Deerwood Ave.
Orlando, FL 32825