

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000057971 (0)

1. Corporation Name
TREMONT CONTRACT, INC.



Principal Place of Business: 301 N WILLOW AE TAMPA FL 33606
Mailing Address: P O BOX 25826 TAMPA FL 33622-5826

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: []
4. FEI Number: 59-3367515
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 No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc.: 22 [] City & State: 23 [] Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 [] Suite, Apt. #, etc.: 27 [] City & State: 28 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent: FLYNN, R W 301 N WILLOW AE TAMPA FL 33606
10. Name and Address of New Registered Agent: 81 Name: [] 82 Street Address (P.O. Box Number is Not Acceptable): [] 83 [] 84 City: [] FL 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 the applicable (NOTE: Registered Agent signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FLYNN, R W [] DELETE	1 1 TITLE	[] Change [] Addition
NAME	301 N WILLOW AE	1 2 NAME	
STREET ADDRESS	TAMPA FL 33606	1 3 STREET ADDRESS	
CITY - ST - ZIP		1 4 CITY - ST - ZIP	
TITLE	[] DELETE	2 1 TITLE	[] Change [] Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE	[] DELETE	3 1 TITLE	[] Change [] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	[] DELETE	4 1 TITLE	[] Change [] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE	[] DELETE	5 1 TITLE	[] Change [] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	[] DELETE	6 1 TITLE	[] Change [] Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 I am registered with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/20/96 Date Printed: []

CR2E034 (12/95)