

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

FILED
May 12 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 # P95000060698 (4)

1. Corporation Name
GUMBALLS & MORE, INC.



Principal Place of Business 2004 ADIRONDACK CIRCLE MELBOURNE FL 32935	Mailing Address 2004 ADIRONDACK CIRCLE MELBOURNE FL 32935-3375
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2. Principal Place of Business 21 2401 Wolf Creek Drive Suite, Apt. #, etc.		2a. Mailing Address 26 2401 Wolf Creek Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 04/25/1996
22 City & State 23 Melbourne, Florida Zip 32935 Country USA		27 City & State 28 Melbourne, Florida Zip 32935 Country USA		4. FEI Number 59-3339696	Applied For Not Applicable
24 32935 25 USA		29 32935 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Melbourne, Florida		28 Melbourne, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32935 25 USA		29 32935 30 USA		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 POQUE, BRIAN K 2004 ADIRONDACK CIRCLE MELBOURNE FL 32935		10. Name and Address of New Registered Agent 81 Name Kevin A. Powers 82 Street Address (P.O. Box Number is Not Acceptable) 2401 Wolf Creek Drive 83 84 City Melbourne FL 85 Zip Code 32935	
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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  Kevin A. Powers 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	P
NAME	POQUE, BRIAN K	1.2 NAME	Pamela Powers
STREET ADDRESS	2004 ADIRONDACK CIRCLE	1.3 STREET ADDRESS	2401 Wolf Creek Drive
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	SD	2.1 TITLE	VP
NAME	POWERS, KEVIN A	2.2 NAME	Angeline Powers
STREET ADDRESS	2755 COZUMEL DRIVE, #1209	2.3 STREET ADDRESS	665 N Dunnette Road
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	Spice, FL 32936
TITLE		3.1 TITLE	
NAME		3.2 NAME	Andy Powers
STREET ADDRESS		3.3 STREET ADDRESS	665 N Dunnette Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando Florida 32936
TITLE		4.1 TITLE	Registered Agent
NAME		4.2 NAME	Kevin A. Powers
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	2401 Wolf Creek Drive
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	Melbourne, FL 32935
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:  Kevin A. Powers 3/15/97 407-253-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #