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**Apr 29 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 # **PG50000067052**
1. Corporation Name **HURRICANE EXPRESS INC.**

Principal Place of Business **5115 W. KNOX ST
TAMPA, FL 33634**
Mailing Address **SAME**

3. Date Incorporated or Qualified **AUGUST 30, 1995** 3a. Date of Last Report **2/1/96**

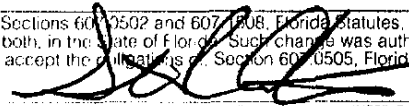
2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

4. FEI Number **65-0609278** 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

9. Name and Address of Current Registered Agent

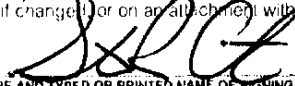
10. Name and Address of New Registered Agent
81 Name **STEVEN R. ANTONIO**
82 Street Address (P.O. Box Number is Not Acceptable) **5115 W. KNOX ST.**
83
84 City **TAMPA** FL 85 Zip Code **33634**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  DATE **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE <input type="checkbox"/>	11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		12 NAME	D STEVEN R. ANTONIO
STREET ADDRESS		13 STREET ADDRESS	5115 W. KNOX ST
CITY-ST-ZIP		14 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DELETE <input type="checkbox"/>	21 TITLE	D JAVINE ANTONIO
NAME		22 NAME	5115 W. KNOX ST
STREET ADDRESS		23 STREET ADDRESS	TAMPA, FL 33634
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	51 TITLE	50000001295
NAME		52 NAME	-05/01/97-01003-016
STREET ADDRESS		53 STREET ADDRESS	***165.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:  **STEVEN R. ANTONIO** DATE **4/8/97** DAYTIME PHONE # **813-243-8636**

CR2E034 (9/96)