

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000068805 (7)
 1. Corporation Name

MR. FIX-IT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
 4173 WAIKIKI DRIVE ATTN: RICHARD ODZIC SARASOTA FL 34241
 4173 WAIKIKI DRIVE ATTN: RICHARD ODZIC SARASOTA FL 34241

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/05/1995		N/A
4.	FBI Number		Applied For
	65-0607368		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
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

MCGINNESS, W. LEE
 1800 SECOND STREET
 SUITE 750
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature typed in print of name of registered agent and title of agent (if applicable) (NOTE: Registered Agent's signature required when returning form)

12. OFFICERS AND DIRECTORS

TITLE	P., V., S., T., D.	<input type="checkbox"/>	DELETE
NAME	RICHARD ODZIC		
STREET ADDRESS	4173 Waikiki Drive		
CITY - ST - ZIP	Sarasota, Florida 34241		
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

11	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12	NAME				
13	STREET ADDRESS				
14	CITY - ST - ZIP				
21	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22	NAME				
23	STREET ADDRESS				
24	CITY - ST - ZIP				
31	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32	NAME				
33	STREET ADDRESS				
34	CITY - ST - ZIP				
41	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42	NAME				
43	STREET ADDRESS				
44	CITY - ST - ZIP				
51	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52	NAME				
53	STREET ADDRESS				
54	CITY - ST - ZIP				
61	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62	NAME				
63	STREET ADDRESS				
64	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Odzie* 6/28/96 (941) 379-0072
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Richard Odzie, President

CR2E034 (3/96)