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Feb 17 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 # P95000075481 (8)

1. Corporation Name
NELSON ENGINES OF FLORIDA, INC.



Principal Place of Business
C/O ROETZEL AND ADDRESS
850 PARK SHORE DR 3RD FLOOR
NAPLES FL 33940

Mailing Address
C/O ROETZEL AND ADDRESS
850 PARK SHORE DR 3RD FLOOR
NAPLES FL 34103-3587

3. Date Incorporated or Qualified 09/27/1995	3a. Date of Last Report 06/27/1996
4. FEI Number 65-0629628	Applied For Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 c/o Roetzel & Address Suite, Apt. #, etc. 22 850 Park Shore DR, 3rd Fl. City & State 23 Naples, FL Zip 24 34103	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
WESTMAN, CARL E
C/O ROETZEL AND ADDRESS
850 PARK SHORE DR 3RD FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name Westman, Carl E.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Roetzel & Address
83 850 Park Shore Drive, 3rd Floor
84 City Naples FL 85 34103

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: *Carl E. Westman* DATE: 2/11/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	CALLAHAN, F.J.	
STREET ADDRESS	3655 FORT CHARLES DR	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TOBER, ROBERT B	
STREET ADDRESS	P.O. BOX 413029	
CITY - ST - ZIP	NAPLES FL 33940	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RHOADES, CHARLES R	
STREET ADDRESS	420 HARBOUR DR	
CITY - ST - ZIP	NAPLES FL 33940	
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

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Callahan, F.J.	
1.3 STREET ADDRESS	3655 Fort Charles Drive	
1.4 CITY - ST - ZIP	Naples, FL 34102	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tober, Robert B.	
2.3 STREET ADDRESS	P.O. Box 413029 N/A	
2.4 CITY - ST - ZIP	Naples, FL 34101	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rhoades, Charles R.	
3.3 STREET ADDRESS	420 Harbour Drive	
3.4 CITY - ST - ZIP	Naples, FL 34103	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Charles R. Rhoades* DATE: Feb 10, 1997 941-263-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)