

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

FILED

Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085924 (5)

1. Corporation Name  
**CORO INVESTMENTS OF HERNANDO COUNTY, INC.**



Principal Place of Business <b>10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612</b>	Mailing Address <b>10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612-6707</b>
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<b>2. Principal Place of Business</b> <b>21 13902 N. Dale Mabry Hwy.</b> Suite, Apt. #, etc. <b>22 Suite 165</b> City & State <b>23 Tampa, Florida</b> Zip <b>24 33618-2424</b>		<b>2a. Mailing Address</b> <b>26 13902 N. Dale Mabry Hwy.</b> Suite, Apt. #, etc. <b>27 Suite 165</b> City & State <b>28 Tampa, Florida</b> Zip <b>29 33618-2424</b>		<b>3. Date Incorporated or Qualified</b> <b>11/08/1995</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>59-3347701</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>25 USA</b>		<b>30 USA</b>		<b>8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>HENDERSON, THOMAS N</b> <b>101 EAST KENNEDY BLVD.</b> <b>SUITE 3700 BARNETT PLAZA</b> <b>TAMPA FL 33602</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Myers, W. Parkinson</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>13902 N. Dale Mabry Hwy.</b> <b>83 Suite 165</b> <b>84 City</b> <b>Tampa</b>	
				<b>85 Zip Code</b> <b>FL 33618-2424</b>	

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 W. Parkinson DATE **4/9/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANSEN, VICTOR R			1.2 NAME			
STREET ADDRESS	8221 OLD COURTHOUSE RD., STE 204			1.3 STREET ADDRESS			
CITY-ST-ZIP	VIENNA VA			1.4 CITY-ST-ZIP			
TITLE	EVPS	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, W. P			2.2 NAME			
STREET ADDRESS	10549 N FLORIDA AVE., STE K			2.3 STREET ADDRESS	13902 N. Dale Mabry Hwy., Suite 165		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, FL 33618-2424		
TITLE	VPS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHINSON, MARC C			3.2 NAME			
STREET ADDRESS	8221 OLD COURTHOUSE RD., STE. 204			3.3 STREET ADDRESS			
CITY-ST-ZIP	VIENNA VA			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: W. Parkinson (813) 960-1006

CR2E034 (9/96)