

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091642 (5)

1. Corporation Name

100 % NOTES, INC.



Principal Place of Business: **7014 PELICAN ISLAND DRIVE TAMPA FL 33634**
Mailing Address: **7014 PELICAN ISLAND DRIVE TAMPA FL 33634**
5025 E. FOWLER AVE. ALL SAME AS.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 # 8		26 # 2		12/01/1995			
22 TAMPA FL		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 33617 U.S.A.		28 City & State		59-334-8294		Not Applicable	
24 Zip		25 Country		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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: Albert A. Perez DATE: 5 Feb 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	C.E.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, DAVID P	1.2 NAME	
STREET ADDRESS	7014 PELICAN ISLAND DRIVE	1.3 STREET ADDRESS	13513 LAKE MAGDALENE DRIVE
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	VTD	2.1 TITLE	C.F.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALBERT A	2.2 NAME	
STREET ADDRESS	7014 PELICAN ISLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600001795896
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-04/26/96-01034-009
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert A. Perez DATE: 5 FEB 1996 (313)985-5001

CR2E034 (12/95)