

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092499 (9)**

1. Corporation Name
EXECUTIVE ADMINISTRATIVE SERVICES, INC.



Principal Place of Business 3438 MAGGIE BOULEVARD ORLANDO FL 32811	Mailing Address 3438 MAGGIE BOULEVARD ORLANDO FL 32811-6809
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2. Principal Place of Business 21 466 W. Oak Ridge Rd. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32809 Country 25 USA		2a. Mailing Address 26 466 W. Oak Ridge Rd. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32809 Country 30 USA		3. Date Incorporated or Qualified 12/04/1995	3a. Date of Last Report 07/24/1996
		4. FEI Number 59-3350691		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 type="checkbox"/> No			

b. Name and Address of Current Registered Agent BUTT, WARREN P 3438 MAGGIE BOULEVARD ORLANDO FL 32811		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 466 W. Oak Ridge Rd. 83 84 City Orlando, FL 85 Zip Code 32809	
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11. Pursuant to the provisions of Sections 607.0582 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 *Warren P. Butt* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTT, WARREN 3438 MAGGIE BLVD ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/P Warren P. Butt 466 W. Oak Ridge Rd. Orlando, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUTT, TIMOTHY 3438 MAGGIE BLVD ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D/T Timothy Butt 466 W. Oak Ridge Rd. Orlando, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RYAN, MARGUERITE 3438 MAGGIE BLVD ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D/T Marguerite Ryan 466 W. Oak Ridge Rd. Orlando, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	S Angela K. Snyder 466 W. Oak Ridge Rd. Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Warren P. Butt* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

(407) 826-4116

Daytime Phone

00000002

CR2E034 (9/96)