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FILED

May 13 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 # P96000004110 (8)

1. Corporation Name

FIXTURE FINDERS, INC.



Principal Place of Business

7830 CAPITANO ST
RIVERVIEW FL 33589

Mailing Address

7830 CAPITANO ST
RIVERVIEW FL 33589-4476

3. Date Incorporated or Qualified

01/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number

Applied For

X Not Applicable

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

D'AMICO, ANTHONY J
7830 CAPITANO ST
RIVERVIEW FL 33589

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME D'AMICO, ANTHONY J
STREET ADDRESS 7830 CAPITANO ST
CITY-ST-ZIP RIVERVIEW FL 33589

TITLE D [] DELETE

NAME D'AMICO, CATHLEEN C
STREET ADDRESS 7830 CAPITANO ST
CITY-ST-ZIP RIVERVIEW FL 33589

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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5/13/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97 813-246-5913

CR2E034 (9/96)