

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

FILED

Apr 04 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 # P96000008165 (8)

1. Corporation Name
THE IN GROUP, INC.

Principal Place of Business
116 CANAL ST STE D
NEW SMYRNA BEACH FL 32168

Mailing Address
116 CANAL ST STE D
NEW SMYRNA BEACH FL 32168-7076



3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report N/A
4. FEI Number 59-3376813	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 21 102 PALMETTO ST. Suite, Apt. #, etc. 22 City & State 23 New Smyrna Beach, FL Zip Country 24 32168 25 Volusia	2a. Mailing Address 26 102 PALMETTO ST. Suite, Apt. #, etc. 27 City & State 28 New Smyrna Beach FL Zip Country 29 32168 30 Volusia
--	--

9. Name and Address of Current Registered Agent

HALL, MARK R
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169-5239

10. Name and Address of New Registered Agent

81 Name John Thomson
82 Street Address (P.O. Box Number is Not Acceptable) 102 PALMETTO ST
83
84 City New Smyrna Bch FL
85 Zip Code 32168

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 *John Thomson* DATE 3/31/97
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D.	NAME THOMSON, JOHN	1.1 TITLE 1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 116 CANAL ST STE D	CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168	1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	702 PALMETTO ST. New Smyrna Bch, FL 32168
TITLE	NAME	2.1 TITLE 2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE 3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE 4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE 5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE 6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS 6.4 CITY-STATE-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: *John Thomson* DATE 3/11/97
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)