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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021921 (7)

EASY DRY, INC.

Principal Place of Business Mailing Address 1515 PINELLAS BAY WAY 1515 PINELLAS BAY WAY SAINT PETERSBURG FL 33715-2519 SAINT PETERSBURG FL 33715 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3366712 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 **B4** City Zip Code 85 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 Stop atture, typicd or puritied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PSTD DELETE 11 TITLE Change Addition THLE GILL, JOHN DAVID NAME 12 NAME 1515 PINELLAS BAY WAY 1.3 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33715 1.4 CITY-ST-ZIP City St. 7iP DELETE Change Addition 2.1 TITLE GODWIN, MICHAEL JOHN NAME 2.2 NAME 1515 PINELLAS BAY WAY STREET ADDRESS 2.3 STREET ADDRESS SAINT PETERSBURG FL 33715 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - 21P DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 011Y-S1-7/P 4.4 CITY - \$T - ZIP Change Addition DELETE THILE 5.1 TITLE NAM 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 efficer 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

SIGNATURE:

CITY - ST - ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/19/97 8/3-866 15794

FILED

Apr 23 1997 8:00am

Secretary of State

(96/6)