

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

RECEIVED
AND
FILED

97 AUG -1 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021962 (1)**

1. Corporation Name
P & G INVESTORS INC.



Principal Place of Business 12904 DARLA DR. RIVERVIEW FL 33569	Mailing Address 12904 DARLA DR. RIVERVIEW FL 33569
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8215 STONER RD. Suite, Apt. #, etc. 22 LOT 517 City & State 23 RIVERVIEW FL. Zip 24 33569		2a. Mailing Address 25 P.O. BOX 2118 Suite, Apt. #, etc. 27 City & State 28 RIVERVIEW FL Zip 29 33569-2118		3. Date Incorporated or Qualified 03/08/1996		3a. Date of Last Report	
				4. FEI Number 59-3872642		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KONITZER, PHYLLIS E 12904 DARLA DR. RIVERVIEW FL 33569				10. Name and Address of New Registered Agent			
				81 Name KONITZER PHYLLIS E.			
				82 Street Address (P.O. Box Number is Not Acceptable) 8215 STONER RD.			
				83 LOT 517			
				84 City RIVERVIEW			
				85 Zip Code FL 33569			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONITZER, PHYLLIS E			1.2 NAME			
STREET ADDRESS	12904 DARLA DR.			1.3 STREET ADDRESS	8215 STONER RD. LOT 517		
CITY-ST-ZIP	RIVERVIEW FL 33569			1.4 CITY-ST-ZIP	RIVERVIEW FL 33569		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONITZER, GENE A			2.2 NAME			
STREET ADDRESS	12904 DARLA DR.			2.3 STREET ADDRESS	8215 STONER RD LOT 517		
CITY-ST-ZIP	RIVERVIEW FL 33569			2.4 CITY-ST-ZIP	RIVERVIEW FL 33569		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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.

CR2E034 (4/97)