

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

APPROVED
 pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

97 JUN 25 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000030923
 1. Corporation Name
FYI, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1058 LARKSPUR LOOP	26	1058 LARKSPUR LOOP	4/9/96	N/A
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEIN Number	59-3373111
23	City & State JACKSONVILLE, FL	28	City & State JACKSONVILLE, FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 32259	29	Zip 32259	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country U.S.A.	30	Country U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	MARK L. SNYDER		
1.3 STREET ADDRESS	1058 LARKSPUR LOOP		
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32259		
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	FU-YING D. SNYDER		
2.3 STREET ADDRESS	1058 LARKSPUR LOOP		
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32259		
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	MARK L. SNYDER		
3.3 STREET ADDRESS	1058 LARKSPUR LOOP		
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32259		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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A. Alan
 6/25/97

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, changed, or on an attachment with an address.

SIGNATURE: Mark L. Snyder **MARK L. SNYDER** 6/15/97 904 443-1638

CFR2E034 (9/96)

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FYI, Inc.

1058 Larkspur Loop
Jacksonville, FL 32259

June 24, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Since this is my first annual report, I did not really understand when the filing deadline occurred. I called last week trying to get some information. After a conversation with someone at your office, I was told that since I have moved and did not receive my form I had additional time before having to pay a penalty. For this reason, I have included a check for the original fee - \$165.

Thanks for your consideration.

Sincerely,



Mark L. Snyder
President, FYI, Inc.