


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

FILED

Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 96 000034874**
1. Corporation Name
COLBURY INVESTMENTS INC.

Principal Place of Business 12333 89TH TERRACE NW SEMINOLE FL 33772	Mailing Address PO Box 2647 LARGO FL, 33779
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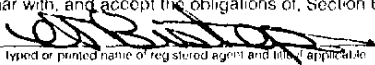
2. Principal Place of Business 21 12333 89TH TERRACE NW Suite, Apt. #, etc. 22 City & State 23 SEMINOLE FLORIDA Zip 24 33772 Country 25 USA	2a. Mailing Address 26 PO Box 2647 Suite, Apt. #, etc. 27 City & State 28 LARGO, FLORIDA Zip 29 33779 Country 30 USA
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3. Date Incorporated or Qualified FEB/MARCH 96	3a. Date of Last Report
4. FEI Number 59-3375240	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORINNE J. BISHOP
12333 89TH TERRACE NW
SEMINOLE
FL, 33772**

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
FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	CORINNE J. BISHOP
STREET ADDRESS		1.3 STREET ADDRESS	12333 89TH TERRACE NW
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SEMINOLE FLORIDA 33772
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ALAN GILES
STREET ADDRESS		2.3 STREET ADDRESS	11, SANDERS CT. WEST, SUGARMILL WOODS
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOMOSASSA, FLORIDA, 34446
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ROGER W. BISHOP
STREET ADDRESS		3.3 STREET ADDRESS	12333 89TH TERRACE NW
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SEMINOLE FLORIDA 33772
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	100002286431 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-09/08/97--01002--019
STREET ADDRESS		6.3 STREET ADDRESS	***550.00
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.

SIGNATURE:  **CORINNE J. BISHOP - President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Reprint Phone #

CR2E034 (9/96)