
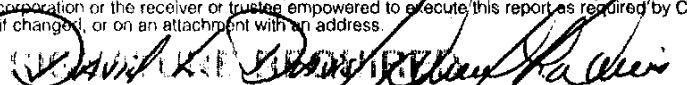


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 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 # P96000042709 (1)			
1. Corporation Name SOUTH OF THE BORDER INTRODUCTIONS INC.			
Principal Place of Business 16110 RAMBLING VINE DRIVE W. TAMPA FL 33624 2805 W. Busch Blvd Suite 206 Tampa, FL 33618		Mailing Address 16110 RAMBLING VINE DRIVE W. TAMPA FL 33624 P.O. Box 274123 TAMPA, FL 33688	
2. Principal Place of Business 21 2805 W. Busch Blvd Suite 206 Suite, Apt. #, etc. # 206 City & State TAMPA, FL USA Zip 33618 Country USA		2a. Mailing Address 26 P.O. Box 274123 Suite, Apt. #, etc. City & State TAMPA, FL Zip 33688 Country USA	
3. Date Incorporated or Qualified 05/20/1996		3a. Date of Last Report	
4. FEI Number 59-3382303		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	
7. 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 DAVIS, DAVID L 16110 RAMBLING VINE DRIVE W. TAMPA FL 33624		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 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME DAVIS, DAVID L STREET ADDRESS 16110 RAMBLING VINE DRIVE W. CITY - ST - ZIP TAMPA FL 33624		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
1.1 TITLE NAME DAVIS, CHRISTOPHER J STREET ADDRESS 6928 DORMANY LP CITY - ST - ZIP PLANT CITY FL 33565		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
1.1 TITLE NAME ARLEDGE, PAULINE A STREET ADDRESS 353 OVERLOOK ROAD CITY - ST - ZIP SALT LICK KY 40371		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 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 199.07(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:  April 21, 1997 (813) 932-3885			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)