

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

**FILED**

**Apr 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000046743 (6)**  
1. Corporation Name  
**VIKING ESTATE PLANS, INC.**



Principal Place of Business <b>105 C DOGWOOD AVENUE ORANGE CITY FL 32765</b>	Mailing Address <b>105 C DOGWOOD AVENUE ORANGE CITY FL 32763-7305</b>
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2. Principal Place of Business 21 <b>15 W. CHURCH ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>15 W. CHURCH ST.</b> Suite, Apt. #, etc.
22 <b>201</b> City & State	27 <b>201</b> City & State
23 <b>ORLANDO, FL</b> Zip Country	28 <b>ORLANDO, FL</b> Zip Country
24 <b>32801</b> 25 <b>USA</b>	29 <b>32801</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>06/03/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3387703</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**GARRETT, MARK W  
POHL & SHORT, P.A.  
280 WEST CANTON AVENUE, SUITE 410  
WINTER PARK FL 32789**

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		DELETED
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TRAINOR O'BRIEN, GAYLE</b>	
STREET ADDRESS	<b>105 C DOGWOOD AVENUE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'BRIEN, FRANK</b>	
STREET ADDRESS	<b>105 C DOGWOOD AVENUE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32765</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>15 W. CHURCH ST. SUITE 201</b>		
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>15 W. CHURCH ST, SUITE 201</b>		
2.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32801</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: Gayle Trainor O'Brien 3/31/97 407 246 1515  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)