

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

FILED

Jun 20 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 # P96000063112
1. Corporation Name
A TO Z FILE CORPORATION

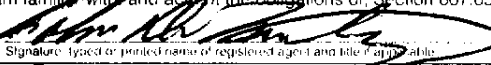
Principal Place of Business
5001 8th Ave So. #8
GULFPOLT, FL. 33707

Mailing Address
P.O. BOX 16093
ST. PETE, FL. 33733

2. Principal Place of Business 21. 5001 8th Ave So 22. A-8 23. GULFPOLT FL 24. 33707	2a. Mailing Address 26. P.O. BOX 16093 27. ST. PETE, FL. 28. 33733 29. Pinellas	3. Date Incorporated or Qualified 7-26-96	3a. Date of Last Report	4. FFL Number 59-3397408	Applied For Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	8. \$8.75 Additional Fee Required	9. \$5.00 May Be Added to Fees	10. Yes No

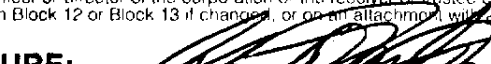
9. Name and Address of Current Registered Agent 1. JOHN D. FREITAG III 1280 30th Ave So 54-D ST. PETERSBURG FL 33711	10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the 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:  DATE: JUNE 13th 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	ST. PETERSBURG, FL 33707	1.3 STREET ADDRESS	P.O. BOX 16093 - NA
CITY - ST - ZIP	ST. PETERSBURG, FL 33707	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33733
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	ST. PETERSBURG, FL 33733	2.3 STREET ADDRESS	P.O. BOX 16093 - NA
CITY - ST - ZIP	ST. PETERSBURG, FL 33733	2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33733
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	ST. PETERSBURG, FL 33733	3.3 STREET ADDRESS	ST. PETERSBURG, FL 33733
CITY - ST - ZIP	ST. PETERSBURG, FL 33733	3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33733
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	ST. PETERSBURG, FL 33733	4.3 STREET ADDRESS	ST. PETERSBURG, FL 33733
CITY - ST - ZIP	ST. PETERSBURG, FL 33733	4.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33733
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	ST. PETERSBURG, FL 33733	5.3 STREET ADDRESS	ST. PETERSBURG, FL 33733
CITY - ST - ZIP	ST. PETERSBURG, FL 33733	5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33733
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	ST. PETERSBURG, FL 33733	6.3 STREET ADDRESS	ST. PETERSBURG, FL 33733
CITY - ST - ZIP	ST. PETERSBURG, FL 33733	6.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33733

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 or 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:  DATE: 5-21-97 (813) 865-1050

CR2E034 (9/96)