

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

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name P96000063993 TIPCOR' INC.
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Principal Place of Business 845. N.E. Dixie Hwy. Jensen Beach, Fl. 34957	Mailing Address 845. N.E. Dixie Hwy. Jensen Beach, Fl. 34957
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2. Principal Place of Business 21 845. N.E. Dixie Hwy Suite, Apt. #, etc. 22	2a. Mailing Address 26 845. N.E. Dixie Hwy Suite, Apt. #, etc. 27
City & State 23 Jensen Beach Fl. Zip 24 34957	City & State 28 Jensen Beach Zip 29 34957
Country 25 USA	Country 30 USA

3 Date Incorporated or Qualified 7/31/96	3a. Date of Last Report 7/31/96
4. FEI Number 65-0699827	Applied For <input type="checkbox"/> 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 Taylor Pearson 845. N.E. Dixie Hwy. Jensen Beach, Fl. 34957
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL	85 Zip Code
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***1.** 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 **TAYLOR J PEARSON** *Taylor Pearson* **5/22/97**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT TAYLOR Pearson 845 N.E. Dixie Hwy Jensen Beach Fl. 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY CORNELIUS Pearson 845. N.E. Dixie Hwy. Jensen Beach Fl. 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Taylor J Pearson** *Taylor J Pearson* **4/29/97** **561-334-8762**
 Signature typed or printed name of signing officer or director Date

CR2E034 (9/96)