

FILED

May 02 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 # P96000064415 (8)

1. Corporation Name  
**PISCES ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BOULEVARD #100 JACKSONVILLE FL 32216	4215 SOUTHPOINT BOULEVARD #100 JACKSONVILLE FL 32216-0999

<b>3. Date Incorporated or Qualified</b> 08/01/1996	<b>3a. Date of Last Report</b> N/A
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>	<b>1589 Westwind Drive</b>	<b>26</b>		<b>59-3410101</b>		<input type="checkbox"/> Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			<input type="checkbox"/> Not Applicable	
<b>22</b>		<b>27</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>23</b>	<b>Jacksonville Beach, FL</b>	<b>28</b>					
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>24</b>	<b>32250</b>	<b>25</b>	<b>US</b>	<b>29</b>	<b>30</b>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>ANSBACHER, LEWIS</b> <b>100 NATIONAL FINANCIAL BUILDING</b> <b>4215 SOUTHPOINT BOULEVARD</b> <b>JACKSONVILLE FL 32216</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	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 title if applicable	(NOTE: Registered Agent signature required when reinstating)
	DATE

12. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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:**

4/23/97 904/296-0100

CR2E034 (9/96)