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May 14 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 # P96000072210

1. Corporation Name:

Almond Enterprises, Inc.

[redacted]

Principal Place of Business

102 Commerce Way
Sanford, FL 32771
US

Mailing Address

102 Commerce Way
Sanford, FL 32771
US

3. Date Incorporated or Qualified: 8/29/96

3a. Date of Last Report:

4. FEI Number: 59-3405692

Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

8. Is the corporation currently subject to penalty for failure to file a report in the State of Florida? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Corporate Access, Inc.
1116-D Thomasville Rd.
Mt. Vernon Square
Tallahassee, FL 32303

10. Name and Address of New Registered Agent

01 Name: Walter Almond
02 Street Address (P.O. Box Number is Not Acceptable): 102 Commerce Way
03
04 City: Sanford FL 05 Zip Code: 32771

11. Pursuant to the provisions of Sections 607.0502 and 617.1905, 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. The 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]

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	D	TITLE	
NAME	Almond, Walter	NAME	
STREET ADDRESS	102 Commerce Way	STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32771	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

RW 5-14-97

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14. I 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 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 with an asterisk (*) or, if not listed, I have submitted a list with the name and address of each officer and director.

SIGNATURE: X [signature] DATE: 5/9/97 407321E515

Phone