


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 01 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 # P96000072652 (6)					
1. Corporation Name PAUL FITZGERALD, INC.					
Principal Place of Business 5729 ALOMA WOODS BLVD OVIEDO FL 32765			Mailing Address 5729 ALOMA WOODS BLVD OVIEDO FL 32765		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 5729 ALOMA WOODS BLVD		2a. Mailing Address 5729 ALOMA WOODS BLVD		3. Date Incorporated or Qualified 08/28/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report N/A	
22. City & State OVIEDO FL		27. City & State OVIEDO FL		4. FEI Number 59-3398691	
23. Zip 32765		28. Zip 32765		Applied For <input type="checkbox"/> Not Applicable	
24. Country		30. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent FITZGERALD, PAUL 5729 ALOMA WOODS BLVD OVIEDO FL 32765				10. Name and Address of New Registered Agent	
81. Name FITZGERALD, PAUL				82. Street Address (P.O. Box Number is Not Acceptable) 5729 ALOMA WOODS BLVD	
83. City				84. City OVIEDO	
85. Zip Code 32765				86. State 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's signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE CHAIRMAN/PRESIDENT/SECRETARY					
1.2 NAME FITZGERALD, PAUL					
1.3 STREET ADDRESS 5729 ALOMA WOODS BLVD					
1.4 CITY - ST - ZIP OVIEDO FL 32765					
2.1 TITLE VICE PRESIDENT/TREASURER					
2.2 NAME FITZGERALD, ANGELA					
2.3 STREET ADDRESS 5729 ALOMA WOODS BLVD					
2.4 CITY - ST - ZIP OVIEDO FL 32765					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
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.

Paul Fitzgerald **PAUL FITZGERALD** 7/25/97 1107.318.2290

CR2E034 (4/97)