

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # P96000082944 (5)

1. Corporation Name
PIT ROAD, INC.



Principal Place of Business
POST OFFICE BOX 702317
ST. CLOUD FL 34770-2317

Mailing Address
POST OFFICE BOX 702317
ST. CLOUD FL 34770-2317

3. Date Incorporated or Qualified 10/03/1996	3a. Date of Last Report
4. FEI Number 59-3410945	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt. #, etc.	26 Suite Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CHESNUT, BERT
1633 EAST VINE STREET
SUITE 207
KISSIMMEE FL 34744

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	NAME	11 TITLE	12 NAME
NAME	7725 BELVOIR DRIVE	13 STREET ADDRESS	14 CITY-ST-ZIP
STREET ADDRESS	ORLANDO FL 32835	21 TITLE	22 NAME
CITY-ST-ZIP	VSD	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	MAST, JERRY	31 TITLE	32 NAME
NAME	7725 BELVOIR DRIVE	33 STREET ADDRESS	34 CITY-ST-ZIP
STREET ADDRESS	ORLANDO FL 32835	41 TITLE	42 NAME
CITY-ST-ZIP		43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE		51 TITLE	52 NAME
NAME		53 STREET ADDRESS	54 CITY-ST-ZIP
STREET ADDRESS		61 TITLE	62 NAME
CITY-ST-ZIP		63 STREET ADDRESS	64 CITY-ST-ZIP

14. I, the undersigned, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

Date

Daytime Phone #

0466759

CR2E034 (9/96)