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
97 JUN 26 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091388 (4)

1. Corporation Name
AWARD TROPHY COMPANY, INC.

Principal Place of Business
410 ORANGE AVE
TITUSVILLE FL 32796
BREVARD CO.

Mailing Address
410 ORANGE AVE
TITUSVILLE FL 32796-2854

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: 11/04/1996
3a. Date of Last Report
4. FEI Number — [X] 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
SUMMERS, ROSEMARY
410 ORANGE AVE
TITUSVILLE FL 32796

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[X] DELETE	1.1 TITLE	PD	[X] Change [ ] Addition
NAME	SUMMERS, ROSEMARY		1.2 NAME	Summers, Rosemary	
STREET ADDRESS	1120 POLLYANNA DR		1.3 STREET ADDRESS	PO Box 6271 N/A	
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY-ST-ZIP	Titusville, FL. 32781	
TITLE	VD	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	SUMMERS, ROBIN		2.2 NAME		
STREET ADDRESS	1105 NOVA TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		2.4 CITY-ST-ZIP		
TITLE	STD	[X] DELETE	3.1 TITLE	STD	[X] Change [ ] Addition
NAME	SUMMERS, KIM		3.2 NAME	SUMMERS, KIM	
STREET ADDRESS	805 CRESTVIEW DRIVE		3.3 STREET ADDRESS	886 KINGS POST RD	
CITY-ST-ZIP	TITUSVILLE FL 32922		3.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	SUMMERS, THOMAS		4.2 NAME		
STREET ADDRESS	4735 SPRINGFIELD AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL 32754		4.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	BODZIAK, JUDY		5.2 NAME		
STREET ADDRESS	2924 LAKRSPUR STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		5.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	6.1 TITLE	D	[X] Change [ ] Addition
NAME	SUMMERS, PAUL		6.2 NAME	SUMMERS, PAUL	
STREET ADDRESS	1120 POLLYANNA DRIVE		6.3 STREET ADDRESS	PO BOX 6271 N/A	
CITY-ST-ZIP	TITUSVILLE FL 32796		6.4 CITY-ST-ZIP	TITUSVILLE, FL 32781	

500002226395--3
-06/30/97--01014--001
****165.00 ****165.00

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

CR2E034 (9/96)