

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

Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S13292 (5)
1. Corporation Name
FACILICORP, INC.



Principal Place of Business 12200 34 ST N UNIT F CLEARWATER FL 34622 US	Mailing Address 2165 SUNNYDALE BLVD SUITE C CLEARWATER FL 34625 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12200 34 th St. N. Suite, Apt. #, etc. 22 Suite F City & State 23 Clearwater, FL Zip 24 33762 Country 25 US		2a. Mailing Address 26 12200 34 th St. N. Suite, Apt. #, etc. 27 Suite F City & State 28 Clearwater, FL Zip 29 33762 Country 30 US		3. Date Incorporated or Qualified 10/15/1990	3a. Date of Last Report 06/25/1996
				4. FEI Number 59-3176616	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLETZ, RANDY
255 SAGE ROAD
CRYSTAL BEACH FL 34881

81 Name Randy Poletz
82 Street Address (P.O. Box Number is Not Acceptable) 12200 34 th St. N., Ste F
83
84 City Clearwater
85 Zip Code FL 33762

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 P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLETZ, WM R.		1.2 NAME Wm. R. Poletz	
STREET ADDRESS 255 SAGE ROAD		1.3 STREET ADDRESS 12200 34 th St. N., Ste F	
CITY-ST-ZIP CRYSTAL BEACH FL		1.4 CITY-ST-ZIP Clearwater, FL 33762	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Anthony C. Poletz	
STREET ADDRESS		2.3 STREET ADDRESS 1476 Pierce Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Clearwater, FL 34615	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Mindy J. Poletz	
STREET ADDRESS		3.3 STREET ADDRESS 153 Sage Road	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Crystal Beach, FL 34681	
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 provider's 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]

9-8-97 813 573-1070

CR2E034 (4/97)