

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

FILED
May 08 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 # S29705 (8)

1. Corporation Name
JOSEPH L. RYAN, INC.



Principal Place of Business Mailing Address
~~3457 KEENE PARK DR -~~ ~~3457 KEENE PARK DR -~~
~~LARGO FL 34641~~ ~~LARGO FL 34671-1047~~
603 Indian Rocks Road **603 Indian Rocks Road**
Belleair, FL, 34616-2056 **Belleair, FL, 34616-2056**

21	2. Principal Place of Business	26	2a. Mailing Address
	603 Indian Rocks Road		603 Indian Rocks Road
22	22. Suite, Apt. #, etc.	27	27. Suite, Apt. #, etc.
23	23. City & State	28	28. City & State
	Belleair FL.		Belleair FL
24	24. Zip	29	29. Zip
	34616-2056		34616-2056
25	25. Country	30	30. Country
	USA		USA

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1991	06/24/1996
4. FEI Number	Applied For
59-3047826	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUGGLES, THOMAS 603 INDIAN ROCKS ROAD BELLEAIR FL 34616		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 12	
TITLE	DPS	1.1 TITLE	DPS
NAME	RYAN, JOSEPH L.	1.2 NAME	RYAN, JOSEPH L.
STREET ADDRESS	17247 Valley View Rd.	1.3 STREET ADDRESS	17247 Valley View Rd
CITY - ST - ZIP	TRUCKEE CA 96160-2756	1.4 CITY - ST - ZIP	PO Box 2756 TRUCKEE CA 96160-2756
TITLE		2.1 TITLE	ASSISTANT SECRETARY
NAME		2.2 NAME	Thomas W. Ruggles
STREET ADDRESS		2.3 STREET ADDRESS	603 Indian Rocks Road
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Belleair FL, 34616
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: **Joseph L. Ryan** (Signature and Typed or Printed Name of Signing Officer or Director) Date: **4/29/97** Daytime Phone #: **(916) 582-463**

CR2E034 (9/96)