

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

FILED

Feb 28 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 # **S35161** (6)
1. Corporation Name
PFR ASSET MANAGEMENT, INC.



Principal Place of Business
**1988 GULF TO BAY BLVD.
CLEARWATER FL 34625**

Mailing Address
**P O BOX 6800
CLEARWATER FL 34618-6800
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 04/10/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3057705	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TECOMPTE, MORRIS A ESQUIRE 100 SECOND AVENUE SOUTH CITY CENTER-12TH FLOOR ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent	
				81 Name Jill Fisher Powers-Esquire	
				82 Street Address (P.O. Box Number is Not Acceptable) 19353 US HWY 19 N.	
				83 Suite 100	
				84 City Clearwater	85 Zip Code FL 34624

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 **Jill Fisher Powers, Esquire** *Jill Fisher Powers* **2/22/97**
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	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE, RICHARD W.	1.2 NAME	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	
TITLE	DSAT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE, EDWIN C.	2.2 NAME	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, JAMES G.	3.2 NAME	
STREET ADDRESS	7100 W. COMMERCIAL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, RANDY G	4.2 NAME	
STREET ADDRESS	1988 GULF TO BAY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	4.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICCO, LEWIS A	5.2 NAME	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	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 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: **Lewis A. Sticco** *L.A. Sticco* **2-24-97** (813) 538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (9/96)