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FILED

Apr 14 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 # S35290 (3)

1. Corporation Name
PLAZA 443, INC.

Principal Place of Business
18501 MURDOCK CIRCLE
SUITE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948

Mailing Address
18501 MURDOCK CIRCLE
SUITE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948-1039



3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 02/26/1996
4. FEI Number 65-0290159	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

FEHR, JEFFREY
18501 MURDOCK CIRCLE
SUITE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948

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

5. Just the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEHR, RONALD	
STREET ADDRESS	615 FURROWS ROAD	
CITY - ST - ZIP	HOLTSVILLE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEHR, WILLIAM	
STREET ADDRESS	615 FURROWS ROAD	
CITY - ST - ZIP	HOLTSVILLE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARONE, RONALD	
STREET ADDRESS	19 STILLWOOD ROAD	
CITY - ST - ZIP	BROOKHAVEN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEHR, JEFFREY	
STREET ADDRESS	18501 MURDOCK CIRCLE, STE 401 SUNBANK CNTR	
CITY - ST - ZIP	POST CHARLOTTE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FEHR, JERRY	
STREET ADDRESS	STE 401 SUNBANK CNTR; 18501 MURDOCK CIRCLE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

941-629-7726

CR2E034 (9/96)