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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S41636 (9)
1. Corporation Name: MANGROVE COMPANIES LIMITED, INC.



Principal Place of Business: 3161 VANBUREU AVENUE, NAPLES FL 34112, US
Mailing Address: 3161 VANBUREU AVENUE, NAPLES FL 34112-4405, US

3. Date Incorporated or Qualified: 03/29/1991
3a. Date of Last Report: 07/22/1996
4. FEI Number: 65-0298869
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DELLECAVE, STEVEN F., 1145 WHIPPOORWILL LANE, NAPLES FL 34105
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 of Steven F. Dellecave) (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> DELETE	NAME: DELLECAVE, STEVEN	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/C
STREET ADDRESS: 1145 WHIPPOORWILL LANE	CITY-ST-ZIP: NAPLES FL	1.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	1.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	1.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
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STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
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STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Steven F. Dellecave)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DELLECAVE, STEVEN F.
Date: 4/29/97 (94) 732-1984
Daytime Phone #

CR2E034 (9/96)