

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
 97 JUN 30 AM 9:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S81045
 1. Corporation Name
SUSAC II, INC

Principal Place of Business: **NEW PLACE OF BUSINESS**
 Mailing Address: **NEW ADDRESS**

2. Principal Place of Business: **7829 SUGAR BEND DR**
 21. **7829 SUGAR BEND DR**
 Suite, Apt. #, etc.
 22. **ORLANDO, FL**
 City & State
 23. **32819**
 Zip
 24. **ORANGE**
 25. **ORANGE**
 City & State
 26. **7829 SUGAR BEND DR**
 27. **ORLANDO, FL**
 City & State
 28. **32819**
 Zip
 29. **ORANGE**
 30. **ORANGE**
 City & State

3. Date Incorporated or Qualified: **9/18/91**
 3a. Date of Last Report: **4/96**
 4. FFI Number: **59-3085645**
 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

9. Name and Address of Current Registered Agent
JACK GODFREY
7829 SUGAR BEND DR
ORLANDO, FL. 32819

10. Name and Address of New Registered Agent
 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 607.0508, Florida Statutes.

SIGNATURE: *Jack Godfrey*
 Signature of Corporation (if registered agent is not a director)
 Signature of Registered Agent (signature required when existing)
 DATE: **6/26/97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JACK GODFREY	
STREET ADDRESS	1006 DUNHURST CT.	
CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE	SECTY/TREAS.	<input type="checkbox"/> DELETE
NAME	SUSAN GODFREY	
STREET ADDRESS	1006 DUNHURST CT	
CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	JACK GODFREY	
13. STREET ADDRESS	7829 SUGAR BEND DR,	
14. CITY-ST-ZIP	ORLANDO FL. 32819	
21. TITLE	SECTY/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	SUSAN GODFREY	
23. STREET ADDRESS	7829 SUGAR BEND DR,	
24. CITY-ST-ZIP	ORLANDO, FL. 32819	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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******165.00 ****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Susan Godfrey* **SUSAN GODFREY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **5/29/97**
 Day-see Phone #: **407-774.6071**

CR2E034 (9/96)