

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

FILED

Apr 15 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 # **S92197** (0)
1. Corporation Name
PETE-NIK HOLDINGS, INC.



Principal Place of Business	Mailing Address
77 GULFWINDS DR SUITE 100 PALM HARBOR FL 34683 US	77 GULFWINDS DR SUITE 100 PALM HARBOR FL 34683-1327 US

2. Principal Place of Business	2a. Mailing Address
21 6202 Benjamin Rd.	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Tampa, FL	28 City & State
24 Zip 33634	29 Zip
25 Country USA	30 Country

3. Date Incorporated or Qualified 11/05/1991	3a. Date of Last Report 03/08/1996
4. FEI Number 59-3092600	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALLWEISS, MICHAEL
4020 PARK STREET NORTH
SUITE 202
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent
81 Name
Michael D. Allweiss, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
111 - 2nd Avenue N.E., Suite 620
83
84 City
St. Petersburg FL 85 Zip Code
33701

11. Pursuant to the provisions of Sections 607.0505 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, to 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, typed or printed name of registered agent and the 1 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	PORCELLI, PETER J., JR.	
STREET ADDRESS	77 GULFWINDS DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, C. BRETT C	
STREET ADDRESS	2454 MCMULLEN BOOTHROAD, D-805	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, BONNIE A	
STREET ADDRESS	8102 N SHELDON RD #808	
CITY - ST - ZIP	TAMPA FL	
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		
1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER J PORCELLI JR	
1.3 STREET ADDRESS	6202 BENJAMIN RD	
1.4 CITY - ST - ZIP	TAMPA, FL 33634	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN R ANDERSON	
2.3 STREET ADDRESS	6202 BENJAMIN RD	
2.4 CITY - ST - ZIP	TAMPA, FL 33634	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT HAGA	
3.3 STREET ADDRESS	6202 BENJAMIN RD	
3.4 CITY - ST - ZIP	TAMPA, FL 33634	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER J PORCELLI SR	
4.3 STREET ADDRESS	6202 BENJAMIN RD	
4.4 CITY - ST - ZIP	TAMPA, FL 33634	
5.1 TITLE	st	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHELE WALFORD	
5.3 STREET ADDRESS	6202 BENJAMIN RD	
5.4 CITY - ST - ZIP	TAMPA, FL 33634	
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:

John R. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)