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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 24 1997 8:00am

Secretary of State

Dayline From: #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V06656

(5)

THE BEAN COUNTERS, INC.

appears in Block 12 or Block 13 if

SIGNATURE:

Principal Place of Business Mailing Address 5519 BAYOU GRANDE BLVD., NE 800 W. PLATT ST. ST. PETERSBURG FL 33703-1813 Suite 4 TAMPA FL 33606 3. Date incorporated or Qualified 3a. Date of Last Report 01/07/1992 01/23/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3099554 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be 2 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζıρ 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name BIGHAM, JEFFREY D. 5519 BAYOU GRANDE BLVD., NE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33703 83 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 late of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am from florida and acquisit to heliquipus of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) regagent and title # applicable OFFICES AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Addition DELETE TITLE 1.1 TITLE Change BIGHAM, JEFFREY D. NAME 12 NAME 5519 BAYOU GRANDE BLVD. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIF 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change THLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 2(P 4.4 CITY-ST-ZIP DELETE Change TILLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY-ST-ZIP DELETE THE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - 7(P) 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