

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

FILED

**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V08992 (2)

1. Corporation Name
INTERNATIONAL OSTRICH, INC.



Principal Place of Business 3000 GULF TO BAY BLVD. 6TH FLOOR CLEARWATER FL 34619	Mailing Address 3000 GULF TO BAY BLVD. 6TH FLOOR CLEARWATER FL 34619-4304
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3. Date Incorporated or Qualified 01/24/1992	3a. Date of Last Report 04/06/1996
4. FEI Number 59-3110618	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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	

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
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g. Name and Address of Current Registered Agent WILDER, MAURICE F. 1800 MCCAULEY DRIVE CLEARWATER FL 34625	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 3000 Gulf to Bay Blvd., 6th Floor 83. 84. City Clearwater
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILDER, MAURICE F.	1.2 NAME	P/T/D
STREET ADDRESS	1800 MCCAULEY DR.	1.3 STREET ADDRESS	Maurice F. Wilder
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	3000 Gulf to Bay Blvd., 6th Floor Clearwater, FL 34619
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, KATHY JO	2.2 NAME	Colby M. Wilder
STREET ADDRESS	1800 MCCAULEY DR.	2.3 STREET ADDRESS	3000 Gulf to Bay Blvd., 6th Floor
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRELL, THOMAS L.	3.2 NAME	3000 Gulf to Bay Blvd., 6th Floor
STREET ADDRESS	3000 GULF TO BAY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Executive VP/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREIGHTON, PETER E	4.2 NAME	
STREET ADDRESS	3000 GULF TO BAY BLVD. 6TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE:  Peter E. Creighton 1/3/97 (813) 799-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)