

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V08992** (2)  
1. Corporation Name  
**INTERNATIONAL OSTRICH, INC.**

Principal Place of Business <b>3000 GULF TO BAY BLVD. 6TH FLOOR CLEARWATER FL 34619</b>	Mailing Address <b>3000 GULF TO BAY BLVD. 6TH FLOOR CLEARWATER FL 34619-4304</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/24/1992</b>		3a. Date of Last Report <b>04/06/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-3110618</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		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 <b>WILDER, MAURICE F. 1800 MCCAULEY DRIVE CLEARWATER FL 34625</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable) <b>3000 Gulf to Bay Blvd., 6th Floor</b>			
83. City				84. Zip Code <b>FL 34619</b>			

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

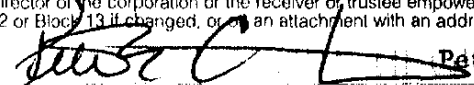
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILDER, MAURICE F.			1.2 NAME	Maurice F. Wilder		
STREET ADDRESS	1800 MCCAULEY DR.			1.3 STREET ADDRESS	3000 Gulf to Bay Blvd., 6th Floor		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Clearwater, FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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)