


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

FILED

Jan 17 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 # M44222 (1)		
1. Corporation Name 3054 S.W. 28TH LANE, INC.		



Principal Place of Business C/O JAMES S. PRICE 200 OCEAN LANE DR. APT. 1206 KEY BISCAYNE FL 33149	Mailing Address C/O JAMES S. PRICE 200 OCEAN LANE DR. APT. 1206 KEY BISCAYNE FL 33149
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3. Date Incorporated or Qualified 12/30/1986	3a. Date of Last Report 01/23/1996
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2. Principal Place of Business 21 3390 Creekview Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 3390 Creekview Dr. Suite, Apt. #, etc.
22 City & State Bonita Springs, FL	27 City & State Bonita Springs, FL
23 Zip 34134	29 Zip 34134
25 Country U.S.	30 Country U.S.

4. FEI Number 59-2752489	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 PRICE, JAMES S. 200 OCEAN LANE DR. APT. 1206 KEY BISCAYNE FL 33149	10. Name and Address of New Registered Agent 81 Name PRICE, JAMES S. 82 Street Address (P.O. Box Number is Not Acceptable) 83 3390 Creekview Drive 84 City Bonita Springs FL 85 Zip Code 34134
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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: *James S. Price, President* **JAMES S. PRICE, Pres.** 1/14/97
DATE

12. OFFICERS AND DIRECTORS	
TITLE PST	<input type="checkbox"/> DELETE
NAME PRICE, JAMES S.	
STREET ADDRESS 200 OCEAN LANE DR.	
CITY - ST - ZIP KEY BISCAYNE FL	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PRICE, JAMES S.	
1.3 STREET ADDRESS 3390 Creekview Drive	
1.4 CITY - ST - ZIP Bonita Springs, FL 34134	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: *James S. Price* **JAMES S. PRICE** 1/14/97 498-6574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)