

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

FILED

**Apr 01 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 # L48091 (7)
 1. Corporation Name
THE 581 COMPANY



Principal Place of Business 3066 S FLORIDA AVE INVERNESS FL 34442	Mailing Address PO BOX 2564 INVERNESS FL 34451-2564 US
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3. Date Incorporated or Qualified 02/01/1990		3a. Date of Last Report 04/25/1996	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 59-2999041	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30
Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSEPH URBAN 6150 E SAGE ST INVERNESS FL 34452				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL		85 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH URBAN	1.2 NAME	
STREET ADDRESS	3278 E CROWN DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, JOSEPH	2.2 NAME	
STREET ADDRESS	1903 SILVERWOOD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL 34453	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES RALPH	3.2 NAME	
STREET ADDRESS	8599 E HAMPTON PT RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICA URBAN	4.2 NAME	
STREET ADDRESS	6150 E SAGE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	INVERNESS FL	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 on an attachment with an address.

SIGNATURE: *X*  **Joseph Urban** **3/24/97** **352-344-4222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)