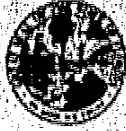


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 10:06

DOCUMENT # V62764 (8)

1. Corporation Name
NANTUCKET ENTERPRISES, INC.

Principal Place of Business 4380 PGA BLVD PALM BEACH GARDENS FL 33410	Mailing Address 4380 PGA BLVD PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/10/1992	3a. Date of Last Report 06/17/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 65-0355005	Applied For Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PSOINOS, GEORGE D.
2328 10 AVE N
SUITE 300
LAKE WORTH FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CACCIATORE, PHILIP F., JR	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4380 PGA BLVD	1.2 NAME	
STREET ADDRESS	PALM BEACH GRDNS FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	CACCIATORE, PHILIP, III	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4380 PGA BLVD	2.2 NAME	
STREET ADDRESS	PALM BEACH GRDNS FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	CACCIATORE, ELAINE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4380 PGA BLVD	3.2 NAME	
STREET ADDRESS	PALM BEACH GRDNS FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE S	ANDERSON, JAMES	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4380 PGA BLVD	4.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip F. Cacciatore Philip F. Cacciatore 3/31/95 457-627-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #