

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

FILED

**Jun 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortifam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 513020 (8)

1. Corporation Name
EXECUCENTRE INTERNATIONAL, INC.



Principal Place of Business 8574 HARDING AVE SURFSIDE FL 33154	Mailing Address 8574 HARDING AVE SURFSIDE FL 33154-2502
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1976	3a. Date of Last Report 08/09/1996
21. Sulte, Apt. #, etc.	26. Sulte, Apt. #, etc.	4. FEI Number 59-1696246		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. 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				10. Name and Address of New Registered Agent			
EVANCO, CAROL 8574 HARDING AVE SURFSIDE FL 33154				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: *[Signature]* DATE: **4/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANCO, CAROL	1.2 NAME	
STREET ADDRESS	8940 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	33154
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP -D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Marie Underhill
STREET ADDRESS		2.3 STREET ADDRESS	1288 Broadbridge Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Stratford, CT 06497
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	John Evancko
STREET ADDRESS		3.3 STREET ADDRESS	P. O. Box 11512
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Las Vegas, NH 89111 <i>N/A</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert Stephens
STREET ADDRESS		4.3 STREET ADDRESS	1939 W. Flower
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Phoenix, AR 85015
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 reports 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: *[Signature]* DATE: **4/20/97** **305-865-3737**

CR2E034 (9/96)