

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 696758

1. Corporation Name
SECRETARIAL, RESEARCH, MANAGERIAL, AND DEVELOPMENT CORPORATION OF AMERICA

Principal Place of Business: 1304 S.W. 160 TH AVE. SUITE 347 SUNRISE, FL. 33326-1902
Mailing Address: 1607 AVE, SUITE 347 SUNRISE, FL. 33326-1902

3. Date Incorporated or Qualified: 07/30/81
3a. Date of Last Report: 02/14/95
4. FEI Number: 59-2125967
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 1304 S.W. 160 AVE
22 SUITE 347
23 SUNRISE, FL.
24 33326-1902
25 USA
2a. Mailing Address
26 1607 AVE, SUITE 347
27 SUITE 347
28 SUNRISE, FL.
29 33326-1902
30 USA

9. Name and Address of Current Registered Agent
**SCHLICHT, PAUL G
CLORAY A. SCHLICHT JR. PA.
2134 HOLLYWOOD BLVD.
HOLLYWOOD, FL. 33020**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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's signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	ARONSON, IRA J.	
STREET ADDRESS	1304 S.W. 160 AVE, SUITE 347	
CITY - ST - ZIP	SUNRISE FL. 33326-1902	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	ARONSON, ROSALIND	
STREET ADDRESS	1304 S.W. 160 AVE, SUITE 347	
CITY - ST - ZIP	SUNRISE FL. 33326-1902	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	900001741039
4.4 CITY - ST - ZIP	-03/13/96--01032--005
	***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: IRA ARONSON President IRA ARONSON 3/5/96 954:349-8781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-12-96 Daytime Phone #

CR2E034 (12/95)