

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

FILED
Mar 19 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 # G10785 (5)

1. Corporation Name
ACUDERM, INC.



Principal Place of Business 5370 N.W. 35TH TERRACE FT LAUDERDALE FL 33309	Mailing Address 5370 N.W. 35TH TERRACE FT LAUDERDALE FL 33309-6335
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/16/1982	3a. Date of Last Report 04/24/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2232602	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**HORLAND, JAMES A.
 290 N.W. 185TH STREET
 NORTH MIAMI FL 33089**

10. Name and Address of New Registered Agent

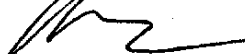
B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEH, CHARLES R	1.2 NAME	
STREET ADDRESS	5370 N.W. 35TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEH, E	2.2 NAME	
STREET ADDRESS	5370 N.W. 35TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN, M	3.2 NAME	
STREET ADDRESS	111 N WABASH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, J	4.2 NAME	
STREET ADDRESS	450 SUTTER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, J	5.2 NAME	
STREET ADDRESS	4251 MANUELA CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULDIN, D	6.2 NAME	
STREET ADDRESS	1801 E SAGINAW	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI	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:  Charles R. Yeh 3/11/97 954-733-6935

CR2E034 (9/96)