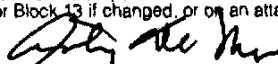


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G15215 (8)					
1. Corporation Name DE MEO, YOUNG, MCGRATH & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS					
Principal Place of Business 2400 E COMMERCIAL BLVD STE #517 FT LAUDERDALE FL 33308			Mailing Address 2400 E COMMERCIAL BLVD STE #517 FT LAUDERDALE FL 33308-4026		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		
9. Name and Address of Current Registered Agent DE MEO, ANTHONY 2400 E COMMERCIAL BLVD, STE 517 FT. LAUDERDALE FL 33308			10. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PST NAME DE MEO, ANTHONY STREET ADDRESS 6051 HOLMBERG ROAD #2111 CITY-ST-ZIP PARKLAND FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 7155 N.W. 67th Way 1.4 CITY-ST-ZIP		
TITLE VD NAME MOTT, JOSEPH G. JR. STREET ADDRESS 4363 NE 15TH AVE CITY-ST-ZIP CORAL SPRINGS FL			2.1 TITLE VP 2.2 NAME Young, Roberta N. 2.3 STREET ADDRESS 8880 S.W. 50th PL 2.4 CITY-ST-ZIP COOPER CITY FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:  Anthony De Meo, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/14/97 Daytime Phone # 954-351-9800					



CR2E034 (9/96)