

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

FILED
Apr 23 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 # K51319 (7)
 1. Corporation Name
ERESTA, INC.



Principal Place of Business C/O ALAN I. ARMOUR, II 1645 PALM BEACH LAKES BLVD., PENTHOUSE STE WEST PALM BEACH FL 33401	Mailing Address C/O ALAN I. ARMOUR, II 1645 PALM BEACH LAKES BLVD., PENTHOUSE STE WEST PALM BEACH FL 33401-2204
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1988		3a. Date of Last Report 03/12/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARMOUR, ALAN I., II 1645 PALM BEACH LAKES BLVD. PENTHOUSE SUITE WEST PALM BEACH FL 33401				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, BRIAN E.	1.2 NAME	
STREET ADDRESS	C/O 1645 PLM BCH LK BLV	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSUP, BRIAN E.	2.2 NAME	
STREET ADDRESS	C/O 1645 PLM BCH LK BLV	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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, as indicated, or on an attachment with an address.

SIGNATURE:  Alan I. Armour II, Asst. Sec. 04/ /97 (561) 686-3307

CR2E034 (9/96)