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APPROVED AND FILED *paioz*

1997 APR 30 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000070887 (3)

1. Corporation Name
SBA, INC.



Principal Place of Business: 6001 BROKEN SOUND BLVD. SUITE 404 BOCA RATON FL 33487
Mailing Address: 6001 BROKEN SOUND BLVD. SUITE 404 BOCA RATON FL 33487-2754

3. Date Incorporated or Qualified: 10/12/1993
3a. Date of Last Report: 02/05/1996
4. FEI Number: 65-0444551
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: 6001 Broken Sound Pkwy, Suite 400, Boca Raton, FL 33487, USA
2a. Mailing Address: 6001 Broken Sound Pkwy, Suite 400, Boca Raton, FL 33487, USA

9. Name and Address of Current Registered Agent: WEISTERG, LAWRENCE M INC, 8001 BROKEN SOUND PARKWAY, SUITE 400, BOCA RATON FL 33487

10. Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE, FL 32301

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 authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar* Karen B. Rozar, As Its Agent
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, STEVEN	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY, STE. 404	
CITY-ST-ZIP	BOCA RATON FL 33487	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bernstein, Steven	
1.3 STREET ADDRESS	6001 Broken Sound Pkwy, Suite 400	
1.4 CITY-ST-ZIP	Boca Raton, FL 33487	
2.1 TITLE	(See Attachment)	<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		
4.4 CITY-ST-ZIP		
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		

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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 in an attachment with an address.

SIGNATURE: *Karen B. Rozar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)