

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

FILED

**Sep 12 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 # P94000069391 (8)
 1. Corporation Name
SCREEN HUGGERS, INC.



Principal Place of Business 1077 SW 30TH AVENUE DEERFIELD BEACH FL 33442 US	Mailing Address 1077 SW 30TH AVE DEERFIELD BEACH FL 33442-8104 US
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3. Date Incorporated or Qualified 09/21/1994	3a. Date of Last Report 06/17/1996
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21. Principal Place of Business 2755 S. Federal Hwy	22. Suite, Apt. #, etc. Suite 13	23. City & State Boynton Beach, FL	24. Zip 33435	25. Country U.S.	26. Mailing Address 2755 S. Federal Hwy	27. Suite, Apt. #, etc. Suite 13	28. City & State Boynton Beach, FL	29. Zip 33435	30. Country U.S.
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4. FEI Number 65-0533661	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SUSSER, GARY E
2755 S. FEDERAL HIGHWAY
SUITE 13
BOYNTON BEACH FL 33435**

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRADY, PATRICIA	
STREET ADDRESS	7634 N.W. 6TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURMEISTER, GEORGE	
STREET ADDRESS	7634 N.W. 6TH AVENUE	
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	McGrady, Patricia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	421 Live Oak Lane	
1.3 STREET ADDRESS	Boynton Beach, FL 33436	
1.4 CITY-ST-ZIP		
2.1 TITLE	Burmeister, George	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2755 S. Federal Hwy Suite 13	
2.3 STREET ADDRESS	Boynton Beach, FL 33435	
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		

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: **Patricia McGrady** (Signature) **9-7-97** (561) 364-8219

CR2E034 (9/96)