

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

FILED

**Apr 14 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 # P95000083398 (4)

1. Corporation Name
ANDRIC, INC.



Principal Place of Business 2455 EAST SUNRISE BLVD. SUITE 917 FT. LAUDERDALE FL 33304	Mailing Address 2455 EAST SUNRISE BLVD. SUITE 917 FT. LAUDERDALE FL 33304-3112
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3. Date Incorporated or Qualified 10/31/1995		3a. Date of Last Report 04/25/1996	
2. Principal Place of Business 21 524 Bayshore Drive Suite, Apt. #, etc.		2a. Mailing Address 26 524 Bayshore Drive Suite, Apt. #, etc.	
22 City & State 23 Ft. Lauderdale, FL		27 City & State 28 Ft. Lauderdale, FL	
24 33304	25 U.S.A.	29 33304	30 U.S.A.
4. FEI Number 65-0853964		Applied For 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 BOFSHEVER, HAROLD S 2455 EAST SUNRISE BLVD. SUITE 917 FT. LAUDERDALE FL 33304				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME DOPTIS, RICHARD	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2455 E. SUNRISE BLVD. #917		1.2 NAME Doptis, Richard	
CITY-ST-ZIP FT. LAUDERDALE FL 33304	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 524 Bayshore Drive	
		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE D	NAME HABER, ANDREW	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2455 E. SUNRISE BLVD. #917		2.2 NAME Haber, Andrew	
CITY-ST-ZIP FT. LAUDERDALE FL 33304	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 524 Bayshore Drive	
		2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	
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 if changed, or on an attachment with an address.

SIGNATURE: Richard Doptis **DOPTIS, RICHARD** 4/9/97 **954-525-8858**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)