

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

FILED

May 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

DOCUMENT # P96000005448 (1)

1. Corporation Name
WITNESS RESOURCES, INC.



Principal Place of Business: **200 INDUSTRIAL DRIVE BOX 2 ISLAMORADA FL 33036**
 Mailing Address: **200 INDUSTRIAL DRIVE BOX 2 ISLAMORADA FL 33036-0002**

3. Date Incorporated or Qualified: **01/18/1996**
 3a. Date of Last Report: []
 4. FEI Number: **65-0651867**
 Applied For: [] Not Applicable
 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: []
 2a. Mailing Address: []
 21. Suite, Apt. #, etc.: []
 22. City & State: []
 23. Zip: [] Country: []
 24. Zip: [] Country: []

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
 201 S. BISCAYNE BOULEVARD
 1600 MIAMI CENTER
 MIAMI FL 33131**

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: **FL**

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	BAUDOIN, HUBERT	
STREET ADDRESS	200 INDUSTRIAL DRIVE, BOX 2	
CITY - ST - ZIP	ISLAMORADA FL 33036	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D / T / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baudoin, Hubert	
1.3 STREET ADDRESS	200 Industrial Dr.	
1.4 CITY - ST - ZIP	Islamorada, FL 33036	
2.1 TITLE	VP / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRIBYL, Debra	
2.3 STREET ADDRESS	130 Palm Lane	
2.4 CITY - ST - ZIP	Islamorada, Fl. 33036	
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: *Debra Tribyl, VP* **4/28/97 (305) 664-4708**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone

CR2E034 (9/96)