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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$92795

(1)

STOFURNCO, INC.

Namic NCO INC

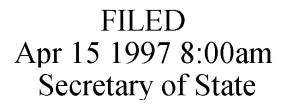
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Principal Place of Business

4833 PEMBROKE RD-HOLLYWOOD FL 33021 Mailing Address

4855 PEMBROKE RD HOLLYWOOD FL 33021-8100





				3. Date Incorporated or Qualified 11/07/1991 3a. Date of Last Report 03/25/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo
	INHALLANDALE BUY BL	Mp6 3131 W, HAL	LAUDALE BOH	blvb 65-0295195 Not Applic
Suite, Apt	16 # 11 H	27 Suite # 114		5. Certificate of Status Desired S8.75 Addition Fee Required
City & Sta 3 HAU	LANDACE FL	City & State 28 HALANDALE	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
_ Zip 4 - 独 -	33009 25 U.SA.	Zip 23009	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes
	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registered Agent
ME	TZ, CLIVE		81 Name	METZ CLIVE
	55 PEMBROKE RD DLYWOOD FL 33021		82 Street	Address (P.O. Box Number is Not Acceptable) 12 W. HALLANDALE BCH , BLVD.
. 110	DETWOOD I E 30021		83 (LINE & 114
•			84 City	85 Zip Code
				HALLANDALE FL 33000
11. Pursuan	It to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the above-named	corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as register
agent. I	am familiar with and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes.	porations board of directors, i nereby accept the appointment as register
SIGNATURE	Signature Typed or painted than to determine the agent	t and title it applicable (NOTE	Registered Agent signature	e required when reinstating) DATE A 1/1/97 -
12.	OFFICERS AND		13.	
		Dintutuna	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILLE	DP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	DP METZ, CLIVE			
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4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

954-983-3210