
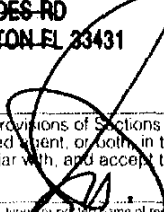
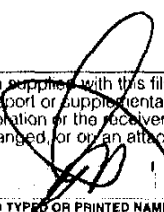


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 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 # P96000029074 (7) 1. Corporation Name 1850, INC.					
Principal Place of Business ONE BOCA PLACE, SUITE 311E 2255 GLADES RD BOCA RATON FL 33431			Mailing Address ONE BOCA PLACE, SUITE 311E 2255 GLADES RD BOCA RATON FL 33431-7382		
2. Principal Place of Business 21 111 E BOCA RATON RD Suite, Apt #, etc. 22 BOCA RATON FL City & State 23 33432 USA Zip Country		2a. Mailing Address 26 111 E BOCA RATON RD Suite, Apt #, etc. 27 BOCA RATON FL City & State 28 33432 USA Zip Country		3. Date Incorporated or Qualified 04/03/1996 3a. Date of Last Report 04/03/1996 4. FEI Number 65-0728473 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHROEDER, MICHAEL A ESQ. ONE BOCA PLACE, SUITE 110-A 2255 GLADES RD BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81 Name Gregory K. Talbott 82 Street Address (P.O. Box Number is Not Acceptable) 111 E BOCA RATON RD 83 84 City BOCA RATON FL 85 Zip Code 33432		
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 12.1 TITLE D <input type="checkbox"/> DELETE 12.2 NAME TALBOTT, GREGORY K 12.3 STREET ADDRESS 2255 GLADES RD, SUITE 311E 12.4 CITY-ST-ZIP BOCA RATON FL 33431			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 111 E BOCA RATON RD 13.3 STREET ADDRESS BOCA RATON FL 33432 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.12 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)