

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 23 AM 10:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K11067 (1)
1. Corporation Name
VOLUME REDUCTION SYSTEMS, INC.



Principal Place of Business
**4101 RAVENSWOOD RD
FT LAUDERDALE FL 33312
US**

Mailing Address
**4101 RAVENSWOOD RD
FT LAUDERDALE FL 33312-5373
US**

2. Principal Place of Business
21 **18151 NE 31st Court**
Suite, Apt. #, etc.
22 **Penthouse 117**
City & State
23 **N. Miami Beach, FL**
Zip Country
24 **33160** 25
2a. Mailing Address
26 **6550 N. Federal Highway**
Suite, Apt. #, etc.
27 **Suite 340**
City & State
28 **Fort Lauderdale, FL**
Zip Country
29 **33308** 30

3. Date Incorporated or Qualified
01/07/1988

3a. Date of Last Report
07/08/1996

4. FEI Number
65-0027871

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

9. Name and Address of Current Registered Agent
**BERKOWITZ, PAUL E
1221 BRICKELL AVE
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
Benjamin Friedman
82 Street Address (P.O. Box Number is Not Acceptable)
6550 N. Federal Hwy, Suite 340
83
84 City
Fort Lauderdale FL 85 Zip Code
33308

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, BENJAMIN	
STREET ADDRESS	18151 NE 31ST CT, PH 117	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, BENJAMIN	
STREET ADDRESS	18151 N.E. 31 CT. PH 117	
CITY-ST-ZIP	N. MIAMI BCH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 *[Signature]* **4/9/97** *[Initials]*

CR2E034 (9/96)