

5-27-98 B-7848-C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 247043 (3)
1. Corporation Name AUDCO INC

Principal Place of Business 4706 S. LEJEUNE RD. CORAL GABLES FL 33146 US	Mailing Address 4706 S. LEJEUNE RD. CORAL GABLES FL 33146 US
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DO NOT WRITE IN THIS SPACE

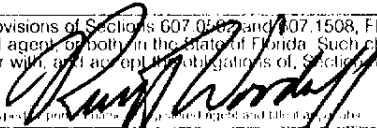
2. Principal Place of Business 21 1900 SW 57TH AVENUE Suite, Apt. #, etc. 22 2 City & State 23 MTAMT, FL. Zip 24 33155 Country 25 ITCA	2a. Mailing Address 26 1900 SW 57TH AVENUE Suite, Apt. #, etc. 27 2 City & State 28 MTAMT, FL. Zip 29 33155 Country 30 USA
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3. Date Incorporated or Qualified 04/29/1961	4. FEI Number 59-0948455	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HANNA, AUDRA B. 4706 S. LEJEUNE RD. CORAL GABLES FL 33146
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10. Name and Address of New Registered Agent 81 Name WOODRUFF, ROY F. 82 Street Address (P.O. Box Number is Not Acceptable) 1900 SW 57TH AVENUE SUITE 2 83 84 City MIAMT FL 85 Zip Code 33155

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  DATE 5/21/98
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HANNA, AUDRA B.
STREET ADDRESS	4706 S. LEJEUNE RD.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VS
NAME	MCKIM, ROBERT W
STREET ADDRESS	6801 SW 127TH CT
CITY-ST-ZIP	MIAMI 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	HANNA, AUDRA B.
1.3 STREET ADDRESS	1900 SW 57TH AVENUE SUITE 2
1.4 CITY-ST-ZIP	MIAMI, FL. 33155
2.1 TITLE	VS
2.2 NAME	MCKIM, ROBERT W.
2.3 STREET ADDRESS	1900 SW 57TH AVENUE SUITE 2
2.4 CITY-ST-ZIP	MIAMI, FL. 33155
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 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  DATE 5/21/98

CR2E034 (10/97)