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Apr 16 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 # 338353 (6)
1. Corporation Name
ROEPNACK CORPORATION



Principal Place of Business Mailing Address
400 E ATLANTIC BLVD 400 E ATLANTIC BLVD
POMPANO BEACH FL 33080 POMPANO BEACH FL 33080-6200

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1968	04/25/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1229240	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/> Yes	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/> No
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROEPNACK, ROBERT 38 SW 9TH TERR BOCA RATON FL 33486		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEPNACK, ROBERT A.	1.2 NAME	
STREET ADDRESS	38 SW 9TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	33486
TITLE	V/TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEPNACK, DAVID H.	2.2 NAME	
STREET ADDRESS	5960 NW 75TH WAY	2.3 STREET ADDRESS	7415 N.W. 68th AVENUE
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	PARKLAND, FLORIDA 33067
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, WILLIAM G.	3.2 NAME	
STREET ADDRESS	270 S.E. 8TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33080	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, H. DEAN	4.2 NAME	
STREET ADDRESS	5177 NORTH SPRINGS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	33076
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *David H. Roepnack* DAVID H. ROEPNACK
Vice President 4/11/97 9541
781-2120-125