

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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 400548 (4)

1. Corporation Name
TALARIA, INC.



Principal Place of Business
**% C. WILLIAM LAYSTROM JR.
 1177 SE 3RD AVE.
 FT. LAUDERDALE FL 33316**

Mailing Address
**% C. WILLIAM LAYSTROM JR.
 1177 SE 3RD AVE.
 FT. LAUDERDALE FL 33316-1109**

2. Principal Place of Business 21 c/o Stuart J. Mac Iver		2a. Mailing Address 26 c/o Stuart J. Mac Iver		3. Date Incorporated or Qualified 05/05/1972	3a. Date of Last Report 04/12/1996
22 1177 Southeast 3rd Avenue		27 1177 Southeast 3rd Avenue		4. FEI Number NOT APPLICABLE	Applied for Not Applicable
23 Fort Lauderdale, FL		28 Fort Lauderdale, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33316 USA		29 33316 USA		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 checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent LAYSTROM, C. WILLIAM, JR. 1177 SE THIRD AVENUE FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent		
				81 Name Stuart J. Mac Iver		
				82 Street Address (P.O. Box Number is Not Acceptable) 1177 Southeast Third Avenue		
				83		
				84 City Fort Lauderdale	85 Zip Code FL 33316	

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. They hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **C. William Laystrom, Jr.** *C. William Laystrom Jr.* **5/29/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVIRA MINOTTI		1.2 NAME	Elvira Minotti	
STREET ADDRESS	VIA GARAVAI, 6807		1.3 STREET ADDRESS	Via Garavai, 6807	
CITY-ST-ZIP	TAVERNE SW		1.4 CITY-ST-ZIP	Taverne SW	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFNO SCOSSA		2.2 NAME	STUART J. MAC IVER	
STREET ADDRESS	VIA MERLINA 28,6982		2.3 STREET ADDRESS	1177 Southeast Third Avenue	
CITY-ST-ZIP	VIGANELLO SW		2.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33316	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. WILLIAM LAYSTROM, JR.		3.2 NAME		
STREET ADDRESS	1177 S.E. THIRD AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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: *C. William Laystrom Jr.* **5/29/97** **954-762-3400**

CP2E034 (9/96)