

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528561 (4)
1. Corporation Name
CORSUE, INC.

Principal Place of Business SPOTLIGHT #2 5612 S. Dixie Hwy WEST PALM BEACH, FL 33405	Mailing Address SPOTLIGHT #2 5612 S. Dixie Hwy. WEST PALM BEACH, FL. 33405
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 2/28/1977	3a. Date of Last Report 5/1/1996
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-1751456	Applied For Not Applicable
23. City & State	2c. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Country	6. Election Campaign Financing Most Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	2e. Zip	2f. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent Kay, Ronald E. 519 N. E 16th St. FT. LAUDERDALE, FL.	10. Name and Address of New Registered Agent 81 Name SCHMIDT, VIRGINIA R. 82 Street Address (P.O. Box Number is Not Acceptable) 5612 S. Dixie Hwy. 83 WEST PALM BEACH, FL. 84 City FL 85 Zip Code 33405
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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 **VIRGINIA R. SCHMIDT PD** *Virginia R. Schmidt* **4/22/1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	SCHMIDT, VIRGINIA R.	1.2 NAME	
STREET ADDRESS	840 N.W. 110TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	SCHMIDT, FREDERICK R.	2.2 NAME	
STREET ADDRESS	840 N.W. 110TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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"/> Additio
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"/> Additio
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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4/22/97
561-586-3600

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.

Virginia R. Schmidt **VIRGINIA R. SCHMIDT** **4/22/1997** **561-586-3600**
Signature and typed or printed name of signing officer or director