


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

FILED
Jun 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 539738 (5)

1. Corporation Name
FLAGLER SURPLUS, INC.



Principal Place of Business 1798 WEST FLAGLER ST. MIAMI FL 33135	Mailing Address 1798 WEST FLAGLER ST. MIAMI FL 33135-2017
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/01/1977	3a. Date of Last Report 02/02/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1751619	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHULBERG, ALAN 1798 WEST FLAGLER ST. MIAMI FL 33135				81 Name	<i>Marc Schulberg</i>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<i>1798 W Flagler St</i>		
				83			
				84 City	<i>Miami</i>	85 State	<i>FL</i>

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 *[Signature]* DATE *6/4/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULBERG, ALAN	1.2 NAME	<i>Marc Schulberg</i>
STREET ADDRESS	1798 W FLAGLER ST	1.3 STREET ADDRESS	<i>1798 W Flagler St</i>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<i>Miami FL 33135</i>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULBERG, ALAN	2.2 NAME	<i>Marc Schulberg V.P.</i>
STREET ADDRESS	1798 W. FLAGLER ST.	2.3 STREET ADDRESS	<i>1798 W Flagler St</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<i>Miami FL 33135</i>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULBERG, MARC	3.2 NAME	
STREET ADDRESS	1798 W FLAGLER	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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 *[Signature]* DATE *6/12/97*

CR2E034 (9/96)