

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

FILED

May 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
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DOCUMENT # 594556 (3)  
1. Corporation Name  
ODYSSEY EXPORT CO., LTD.



Principal Place of Business 4141 OAK ST. PALM BEACH GARDENS FL 33418	Mailing Address 4141 OAK ST. PALM BEACH GARDENS FL 33418-3832
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3. Date Incorporated or Qualified 12/01/1978	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1301 13 Lane Suite, Apt. #, etc. 22 City & State 23 Palm Bch Gdns FL Zip 24 33418 Country 25 U.S.A.	2a. Mailing Address 26 P.O. Box 30817 Suite, Apt. #, etc. 27 City & State 28 Palm Bch Gardens FL Zip 29 33420-0817 Country 30 U.S.A.
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4. FEI Number 59-1866005	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 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  
SCHOUR, RENEE  
4141 OAK ST  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent 81 Name SCHOUR, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 1301 13 LANE 83 84 City PALM BCH GARDENS FL 85 Zip Code 33418
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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: Michael Schour 4/21/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHOUR, MICHAEL		1.2 NAME SCHOUR, MICHAEL	
STREET ADDRESS 4141 OAK ST.		1.3 STREET ADDRESS 1301 13 LANE	
CITY-ST-ZIP PALM BCH GARDENS FL		1.4 CITY-ST-ZIP PALM BCH GARDENS, FL 33418	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHOUR, RENEE		2.2 NAME	
STREET ADDRESS 4141 OAK ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH GARDENS FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Michael Schour MICHAEL SCHOUR 4/21/97 561-694-9032  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)