

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 637506 (7)

1. Corporation Name
RE GO, INC.

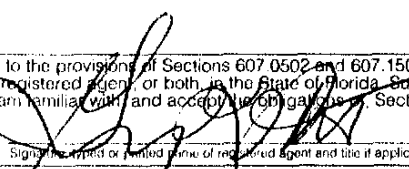
Principal Place of Business 777 S. FLAGLER DR. STE 1101 WEST PALM BEACH FL 33401	Mailing Address 777 S. FLAGLER DR. STE 1101 WEST PALM BEACH FL 33401-6161
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/26/1979	3a. Date of Last Report 04/17/1996
4. FEI Number 59-1941184		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 BACHOVE, CRAIG C/O THE GOODMAN COMPANY W. PALM BCH. FL 33401		10. Name and Address of New Registered Agent 81 Name GARRY L. WITT 82 Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DRIVE 83 SUITE 1101E 84 City WEST PALM BEACH FL 85 Zip Code 33401	
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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:  **GARRY L. WITT** DATE: **4/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, MURRAY H	1.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR. #1101	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, F 00000	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIST, MINNIE S	2.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR. #1101	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, F 00000	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDON, DORANNE M.	3.2 NAME	GARVIN, DORANNE
STREET ADDRESS	777 S. FLAGLER DR. #1101	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, F 00000	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHOVE, CRAIG M.	4.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR. #1101	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, F	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:  **MINNIE S. GEIST** DATE: **4/30/97** (601) 833-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)