

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

FILED  
May 20 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *F94000002571*

**1. Corporation Name**  
*Keith Rhodes & Associates, INC.*

<b>Principal Place of Business</b> <i>7850 NW 146th St</i> <i>Ste 425</i> <i>Miami Lakes FL 33016</i>	<b>Mailing Address</b>
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<b>2. Principal Place of Business</b> <b>21</b> <i>433 Plaza Real</i> Suite Apt. # etc <b>22</b> <i>Ste 275</i> City & State <b>23</b> <i>Boca Raton, FL</i> Zip <b>24</b> <i>33432</i>	<b>2a. Mailing Address</b> <b>26</b> <i>433 Plaza Real</i> Suite Apt. #, etc <b>27</b> <i>Ste 275</i> City & State <b>28</b> <i>Boca Raton, FL</i> Zip <b>29</b> <i>33432</i>	<b>3. Date Incorporated or Qualified</b> <i>5/17/94</i>	<b>3a. Date of Last Report</b> <i>1996</i>
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<b>4. FEI Number</b> <i>13-3696053</i>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

*Dechant, James F.P.G.*  
*4730 NW Boca Raton Blvd*  
*Boca Raton, FL 33431*

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
*185 NW Spanish River Blvd*  
**83**  
**84** City *Boca Raton* **FL** **85** Zip Code *33432*

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>CP</i> <i>Rhodes, Keith</i> <i>16 N. Manning Blvd 623</i> <i>Albany, NY 12206</i>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>DT</i> <i>Blesland, Warren V Jr.</i> <i>2667 N. Ocean Blvd</i> <i>Boca Raton, FL 33431</i>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>DS</i> <i>Bieg, Roger</i> <i>3540 Old Yorktown Rd</i> <i>Yorktown Heights, NY 10598</i>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Apt I 602</i>
<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>CS</i> <i>5/20/97</i>
<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100002200681</b> <b>-06/04/97--01004--001</b> <b>***165.00</b>

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:** *Keith Rhodes*

SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)