

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

FILED
Apr 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 |
|--|---|---|

DOCUMENT # F95000003333 (0)
 1. Corporation Name
SANTA CRUZ, INC.



| | |
|---|--|
| Principal Place of Business 832 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 | Mailing Address 832 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-2985 |
|---|--|

| | |
|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/12/1995 | 3a. Date of Last Report 07/10/1996 |
| 4. FET Number 52-1934084 | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**GOLDBERG, MICHAEL D
 832 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | POD | <input type="checkbox"/> DELETE |
| NAME | PORTEN, SCOTT | |
| STREET ADDRESS | 832 SOUTH MILITARY TRAIL | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | PORTEN, STEPHEN | |
| STREET ADDRESS | 832 SOUTH MILITARY TRAIL | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | FITZWATER, JUDITH | |
| STREET ADDRESS | 832 SOUTH MILITARY TRAIL | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TRIPPE, GEORGE | |
| STREET ADDRESS | 832 SOUTH MILITARY TRAIL | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | PORTEN, HERMAN | |
| STREET ADDRESS | 832 SOUTH MILITARY TRAIL | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | GOLDBERG, MICHAEL D | |
| STREET ADDRESS | 832 SOUTH MILITARY TRAIL | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 its 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 as an attachment with an address.

SIGNATURE _____ **4/10/97 (954) 422-1882**

CR2E034 (9/96)