


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

FILED

Jan 24 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 # G11171 (7)			
1. Corporation Name UTILITY OF SOUTH FLORIDA, INC.			



Principal Place of Business 17151 N.W. 7TH AVENUE, EXT P.O. BOX 694220 MIAMI, FL 33169	Mailing Address 17151 N.W. 7TH AVENUE-EXT P.O. BOX 694220 MIAMI, FL 33169-5351
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2. Principal Place of Business 21 1427 Ponce de Leon Dr.		2a. Mailing Address 26 1427 Ponce de Leon Dr.		3. Date Incorporated or Qualified 12/01/1982		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2247760		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 FT. LAUDERDALE, FL		City & State 28 FT. LAUDERDALE, FL		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	
Zip 24 33316		Country 25 US		Zip 29 33316		Country 30 US	

9. Name and Address of Current Registered Agent TWOROGER, KENNETH F. 2651 N. FEDERAL HWY. FT. LAUDERDALE FL				10. Name and Address of New Registered Agent			
				81 Name THOMAS M TWOROGER			
				82 Street Address (P.O. Box Number is Not Acceptable) 1427 Ponce de Leon Drive			
				83 1			
				84 City FT. LAUDERDALE FL			
				85 Zip Code 33316			

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 *Thomas M Tworoger* **THOMAS M TWOROGER** **1-15-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TWOROGER, THOMAS			1.2 NAME			
STREET ADDRESS	301 NW 171ST ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARRINGTON, ROBERT A			2.2 NAME			
STREET ADDRESS	301 NW 171ST ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAHAM, ALLYSE F			3.2 NAME			
STREET ADDRESS	301 NW 171ST ST			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: *Thomas M Tworoger* **THOMAS M TWOROGER** **1-15-97** **(954) 764-5937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)