

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -9 PM 4:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G17042 (4)
Corporation Name
SYLPAU CORPORATION

Principal Place of Business Mailing Address
% SYLPAU CORPORATION 9511 COLLINS AVE #604 SURFSIDE FL 33154

3. Date Incorporated or Qualified 12/30/1982		3a. Date of Last Report 04/19/1995	
21. Principal Place of Business 9511 COLLINS AVE	22. Mailing Address 9511 COLLINS AVE	4. FE Number 59-2264177	Applied For Not Applicab
23. Suite, Apt. #, etc. APT. 604	24. Suite, Apt. #, etc. APT. 604	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. City & State SURFSIDE-FLA	26. City & State SURFSIDE FLA	6. Electron Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27. Zip 33154	28. Country	6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANZIVINO, JOHN R. % SYLPAU CORPORATION 9511 COLLINS AVE #604 SURFSIDE FL 33139		10. Name and Address of New Registered Agent 81 Name SYLVIA LEFKOW 82 Street Address (P.O. Box Number is Not Acceptable) SYLPAU CORP 83 9511 COLLINS AVE 84 City SURFSIDE FLA FL 85 Zip Code 33154	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE: *SEE BELOW*
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MURIEL 9511 COLLINS AVE, #604 SURFSIDE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LEFKOW, SYLVIA G. 9511 COLLINS AVE. MIAMI BCH. FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	300002207513--6 -06/10/97--01052--004 ***165.00 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sylvia Lefkow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR