
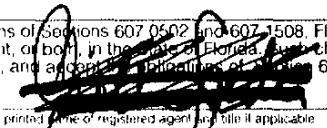
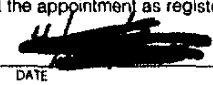
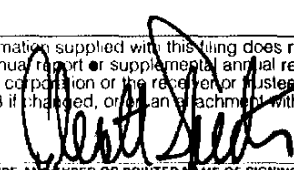


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 31 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 # G33019 (2) 1. Corporation Name ELLIOTT B. SPECTOR OF FLORIDA, INC.																																																																													
Principal Place of Business 2820 N.W. 45TH ST. BOCA RATON FL 33434 US			Mailing Address 2820 N.W. 45TH ST. BOCA RATON FL 33434-5815 US																																																																										
2. Principal Place of Business 21 2312 N.W. 67th DR.		2a. Mailing Address 26 2312 N.W. 67th DRIVE		3. Date Incorporated or Qualified 04/13/1983																																																																									
Suite, Apt #, etc. 22		Suite, Apt #, etc. 27		3a. Date of Last Report 04/08/1996																																																																									
City & State 23 Boca RATON, FLA.		City & State 28 Boca RATON, FLA.		4. FEI Number 59-2292526																																																																									
Zip 24 33496		Country 25 USA		Applied For Not Applicable																																																																									
29 33496		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																									
9. Name and Address of Current Registered Agent SPECTOR, ELLIOTT B 2820 N.W. 45TH ST BOCA RATON FL 33424																																																																													
10. Name and Address of New Registered Agent 81 Name ELLIOTT B. SPECTOR 82 Street Address (P.O. Box Number is Not Acceptable) 83 2312 N.W. 67th DRIVE 84 City Boca RATON FL 85 Zip Code 33496																																																																													
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 liabilities of, Sections 607.0505, Florida Statutes. SIGNATURE:  DATE: 																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PST</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SPECTOR, ELLIOTT B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2820 N.W. 45TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SPECTOR, ELLIOTT B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2820 N.W. 45TH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PST	<input type="checkbox"/> DELETE	NAME	SPECTOR, ELLIOTT B		STREET ADDRESS	2820 N.W. 45TH STREET		CITY - ST - ZIP	BOCA RATON FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	SPECTOR, ELLIOTT B		STREET ADDRESS	2820 N.W. 45TH ST		CITY - ST - ZIP	BOCA RATON FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP														
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>PST</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>ELLIOTT B. SPECTOR</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>2312 N.W. 67th DRIVE</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td>BOCA RATON, FLA. 33496</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>ELLIOTT B. SPECTOR</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>2312 N.W. 67th DRIVE</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td>BOCA RATON, FLA. 33496</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	ELLIOTT B. SPECTOR		1.3 STREET ADDRESS	2312 N.W. 67 th DRIVE		1.4 CITY - ST - ZIP	BOCA RATON, FLA. 33496		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	ELLIOTT B. SPECTOR		2.3 STREET ADDRESS	2312 N.W. 67 th DRIVE		2.4 CITY - ST - ZIP	BOCA RATON, FLA. 33496		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		
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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 as an attachment with an address. SIGNATURE:  DATE: 4/24/97 DAYTIME PHONE: 561-997-8448																																																																													

CR2E034 (9/96)