


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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G79637** (6)
1. Corporation Name
THURSTON ENTERPRISES, INC.

Principal Place of Business 777 S. FEDERAL HIGHWAY BOCA RATON FL 33432	Mailing Address 777 S. FEDERAL HIGHWAY BOCA RATON FL 33432-6113
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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 01/19/1984	3a. Date of Last Report 04/24/1996
		26 1288 BAY HARBOR DRIVE		4. FEI Number 59-2400017	Applied For Not Applicable
		27 #103		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		28 PALM HARBOR, FL		6. Election Campaign Finance First Fund Contribution \$5.00	
		29 34685		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		30 PineHills		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent VKNS CORP. 200 W. PALMETTO PARK ROAD SUITE 303 BOCA RATON FL 33432		81 Name VKNS Corp.	82 Street Address (P.O. Box Number is Not Acceptable) 980 North Federal Highway, Suite 440	83	84 City Boca Raton	85 Zip Code FL 33432
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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 *David B. Van Kleeck*, **David B. Van Kleeck, President** **May 12, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP MACDUFFIE, RICHARD T. 1289 S.W. 17TH ST. BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
VS MACDUFFIE, LYNN S. 1289 S.W. 17TH ST. BOCA RATON FL	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME
	<input type="checkbox"/> DELETE	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 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.

Lynn S. MacDuffie **LYNN S. MACDUFFIE** **4/25/97 (813) 789-3551**

CR2E034 (9/96)