


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 # H17976 (2)

1. Corporation Name
BORU, INC.

Principal Place of Business
**1111 N. CONGRESS AVENUE
W. PALM BEACH FL 33409**

Mailing Address
**1111 N. CONGRESS AVENUE
W. PALM BEACH FL 33409-6317**



3. Date Incorporated or Qualified 08/23/1984	3a. Date of Last Report 06/21/1996
4. FEI Number 59-1318711	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LAUGHLIN, ARTHUR J.
PALM BEACH KENNEL CLUB
1111 NO. CONGRESS AVENUE
W PALM BEACH FL**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, TIMOTHY J.	1.2 NAME	
STREET ADDRESS	160 WELL RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, PATRICK J.	2.2 NAME	
STREET ADDRESS	70 DUNBAR ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, JOHN J.	3.2 NAME	
STREET ADDRESS	10942 EGRET POINTE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, DANIEL M.	4.2 NAME	
STREET ADDRESS	940 NORTH LINCOLN	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURG PA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, ARTHUR J., JR.	5.2 NAME	
STREET ADDRESS	1190 WASHINGTON RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **04/15/97** (561) 683-2222 Daytime Phone #

CR2E034 (9/96)