

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H85826 (6)</b>					
1. Corporation Name <b>TAK ASSOCIATES, INC.</b>					
Principal Place of Business <b>1100 S FEDERAL HWY #4 BOYNTON BCH. FL 33435</b>			Mailing Address <b>1100 S FEDERAL HWY #4 BOYNTON BCH. FL 33435-5650</b>		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1985</b>
21. Suite, Apt. #, etc.			26. Suite, Apt. #, etc.		3a. Date of Last Report <b>04/30/1996</b>
22. City & State			27. City & State		4. FEI Number <b>59-2718958</b>
23. Zip			28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country			29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country			30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
p. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>TJIN A KHONG, YOEN LAM 4272 GOLFERS CIRC E STE. 505 PALM BCH GRDNS FL. 33410</b>			81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 reappointing) DATE: _____					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	TJIN-A-KHONG, YOEN LAM		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4272 GOLFERS CR. E.		1.2 NAME		
CITY-ST-ZIP	PALM BEACH GRDNS. FL		1.3 STREET ADDRESS		
TITLE	S	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	CAPPELLA, ARTHUR		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1100 S. FED.		2.2 NAME		
CITY-ST-ZIP	BOYNTON BCH. FL		2.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	TJIN-A-KHONG, CHEN ELINE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4272 GOLFERS CIRCLE E		3.2 NAME		
CITY-ST-ZIP	PALM BEACH GRDNS. FL		3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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.					
SIGNATURE:  <b>Arthur J. Cappella</b> 4/12/97 (561) 732-3113					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)