
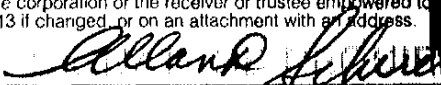


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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 17 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 # J76510 (3) 1. Corporation Name PALM BEACH DIRECTIONS, INC.			
Principal Place of Business 3132 FORTUNE WAY SUITE D-33 W. PALM BEACH FL 33414		Mailing Address 3132 FORTUNE WAY SUITE D-33 W. PALM BEACH FL 33414-8728	
2. Principal Place of Business 21 Suite Apt. #, etc. 22 SUITE D-33 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE D-33 28 City & State 29 Zip 30 Country	
9. Name and Address of Current Registered Agent SCHERER, BRADLEY A 3175 S CONGRESS AVE STE 208 PALM SPRINGS FL 33461		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SCHERER, ALLAN D.	1.2 NAME	
STREET ADDRESS	417 PRIMAVERA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SCHERER, MARGARET S.	2.2 NAME	
STREET ADDRESS	417 PRIMAVERA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHERER, BRAD A.	3.2 NAME	
STREET ADDRESS	4656 SOUTH SHORE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 file 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: 		ALLAN D. SCHERER 2/7/97 561-793-7331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	



CR2E034 (9/96)