

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J78247 (0)
1. Corporation Name
THE CARPEDIEM GROUP, INC.



Principal Place of Business P. O. BOX 25534 TAMARAC FL 33320-5534	Mailing Address P. O. BOX 25534 TAMARAC FL 33320-5534
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DO NOT WRITE IN THIS SPACE

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 06/17/1987 4. FEI Number 65-0002839 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	3a. Date of Last Report 03/08/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2607	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 FL
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME SILVERSTEIN, SIDNEY STREET ADDRESS 3743 WHITE PLAINS RD. CITY-ST-ZIP BRONX NY 10467	1.1 TITLE PST 1.2 NAME MARVIN RAPPAPORT 1.3 STREET ADDRESS 6307 WAX MYRTLE CIRCLE 1.4 CITY-ST-ZIP TAMARAC, FLORIDA 33319
TITLE STD NAME RAPPAPORT, MARVIN STREET ADDRESS 6307 WAX MYRTLE CIR. CITY-ST-ZIP TAMARAC FL 33319	2.1 TITLE VPD 2.2 NAME DAVID SILVERSTEIN 2.3 STREET ADDRESS 100 BARRETT ROAD 2.4 CITY-ST-ZIP LAWRENCE, N.Y. 11559
TITLE VD NAME SILVERSTEIN, DAVID STREET ADDRESS 3743 WHITE PLAINS ROAD CITY-ST-ZIP BRONX NY 10467	3.1 TITLE D 3.2 NAME ADELE SILVERSTEIN 3.3 STREET ADDRESS 100 BARRETT ROAD 3.4 CITY-ST-ZIP LAWRENCE, N.Y. 11559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 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, changed, or in an attachment with an address.

CR2E034 (4/97)