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Mar 21 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 # J80072 (8)
1. Corporation Name
SULCO, INC.



Principal Place of Business
5659 JOHNSON STREET
HOLLYWOOD FL 33021

Mailing Address
5659 JOHNSON STREET
HOLLYWOOD FL 33021-5631

3. Date Incorporated or Qualified: 06/29/1987
3a. Date of Last Report: 08/05/1996
4. FEI Number: 59-2827231
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
30.

9. Name and Address of Current Registered Agent
HAROON, SAMI S
1785 VENICE LANE
MIAMI 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

Signatures: Sign the printed name of the registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
11. TITLE: PSTD
12. NAME: HAROON, SAMI S
13. STREET ADDRESS: 1785 VENICE LANE
14. CITY-ST-ZIP: MIAMI FL
15. TITLE: V
16. NAME: HAROON, SULTAN K
17. STREET ADDRESS: 1785 VENICE LANE
18. CITY-ST-ZIP: MIAMI FL
19. TITLE: [DELETE]
20. NAME: [DELETE]
21. STREET ADDRESS: [DELETE]
22. CITY-ST-ZIP: [DELETE]
23. TITLE: [DELETE]
24. NAME: [DELETE]
25. STREET ADDRESS: [DELETE]
26. CITY-ST-ZIP: [DELETE]
27. TITLE: [DELETE]
28. NAME: [DELETE]
29. STREET ADDRESS: [DELETE]
30. CITY-ST-ZIP: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE: [CHANGE] [ADDITION]
12. NAME:
13. STREET ADDRESS:
14. CITY-ST-ZIP:
21. TITLE: [CHANGE] [ADDITION]
22. NAME:
23. STREET ADDRESS:
24. CITY-ST-ZIP:
31. TITLE: [CHANGE] [ADDITION]
32. NAME:
33. STREET ADDRESS:
34. CITY-ST-ZIP:
41. TITLE: [CHANGE] [ADDITION]
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:
51. TITLE: [CHANGE] [ADDITION]
52. NAME:
53. STREET ADDRESS:
54. CITY-ST-ZIP:
61. TITLE: [CHANGE] [ADDITION]
62. NAME:
63. STREET ADDRESS:
64. 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)(c), Florida Statutes. I further certify that the information contained 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMI HAROON 3/12/97

CR2E034 (9/96)