

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.)

FILED
Aug 14 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 # **K36399** (9)

1. Corporation Name
STANLEY RICHARD GROUP, INC.



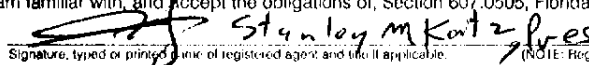
Principal Place of Business 920 RICH DRIVE & TIVOLI #103 DEERFIELD BEACH FL 33441 US	Mailing Address 920 RICH DRIVE & TIVOLI #103 DEERFIELD BEACH FL 33441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 Glades Road Suite, Apt. #, etc. 22 100E City & State 23 Boca Raton, FL Zip 24 33431		2a. Mailing Address 26 2300 Glades Road Suite, Apt. #, etc. 27 100E City & State 28 Boca Raton, FL Zip 29 33431		3. Date Incorporated or Qualified 10/04/1988		3a. Date of Last Report 04/15/1996	
				4. FEI Number 65-0084242		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KATZ, STANLEY M. 920 RICH DRIVE & TIVOLI DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2300 Glades Road, Suite 100E			
				83			
				84 City Boca Raton, FL			
				85 Zip Code 33431			

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  **Stanley M. Katz, Pres** DATE **8/7/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	KATZ, STANLEY M			1.2 NAME			
STREET ADDRESS	2 N. BREAKERS ROW #N45			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATZ, MARILYN L			2.2 NAME			
STREET ADDRESS	2 N BREAKERS ROW, #N45			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH FL			2.4 CITY-ST-ZIP			
TITLE	ASAT	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, KATHY			3.2 NAME			
STREET ADDRESS	1900 CORPORATE BLVD #400			3.3 STREET ADDRESS	2300 Glades Road, #100E		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E034 (4/97)