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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

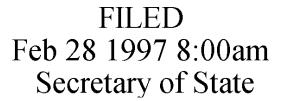
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K76187

(9)

AGENTS, INC.





2. Principal f 21 Suite, Apt 22	lace of Business									
21 Suite, Apr	face of Business					3. Date Incorporated or Qualified 03/29/1989		te of Last 8/1996	Report	
Suite, Apt		2a. Mailing Address	-1			4. FEI Number 65-0108142	Applied For Not Applicable			
	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required	
City & Stat	0	City & State				Election Campaign Financing Trust Fund Contribution			O May Be I to Fees	
7φ 24		30 Cou	ntry	······	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Curre	nt Registered Agent		81	Manan	10. Name and Address of New Ro	gistered	Agent		
HOPKINSON, KENNETH E. JR 6165 W. 12TH AVE HIALEAH FL 33012				82	Name Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
HIAL	EAR FL 33012									
				84	City		FL	85 Zip	Code	
SIGNATURE	m familing with, and accept the oblig by stee typical ip and remer they wording OFFICERS AN		OTE: Registerer	1 Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO		
NAME SHEET ADDRESS CITY - ST - ZIF	HOPKINSON, KENNETH E. JR 6165 W 12TH AVE HIALEAH FL		11 Ti 12 No 13 Si 1.4 Ci	AME REET		icretery nde m. Hopkinson icr w 12 Auc inleas Fla 330		Change	E) Addition	
TITLE NAME STREET ADORESS OUT 4: STEZIF		□] DELETE	- 1	AME BEET.	ADDRESS T-ZIP			Change	Addition	
THEE NAME STREET ACORESS CITY - ST- 7P		DELETE	3.1 TI 3.2 N 3.3 S	tle Ame Treet	ADDRESS It-zip			Change	e Addition	
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C-TY - ST - ZIP THEE NAME STREET ADDRESS] DELETE		TLE AME TREET	ADDRESS			Change	e Addition	
GHY-ST-ZIP TITLE NAME STREET ADDRESS GHY-ST-ZIP		[] DELETE	1	TLE AME	ADORESS	THE STATE OF THE S		Change	e Addition	

I do hereby cert by 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