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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # L00469

(1)

Mailing Address

THE MESTLESS I ENTERPRISES, INC.

Apr 30 1997 8:00am
Secretary of State

701 SOUTHEAST 6TH AVENUE 701 SOUTHEAST 6TH AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-5112						
				3. Date Incorporated or Qualified 07/07/1989	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address		-	4. FEI Number	Applied For	
21	26			65-0135044	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	7(p) Country		8. This corporation has liability for in:	tangible tax under s. 199.032,		
9. Name and Address of Current Registered Agent		1301		10. Name and Address of New Reg		
BARRY FLORESCUE		8	1 Name			
701 S.E. 6TH AVENUE DELRAY BEACH FL 33483		8	Street Address (P.O. Box Number is Not Acceptable)			
		8	3			
		8	4 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				***************************************		
Signature, typed or printed name of registered agent and title if applicable: (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition	

TITLE FLORESCUE, BARRY W. 1.2 NAME 701 S.E. 6TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE MYERS, MARK NAME 2.2 NAME 701 S.E. 6TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2 4 CITY-ST-7iP DELFTE Change Addition TITLE 3.1 TITLE FLORESCUE, RENATE NAME 3.2 NAME 701 S.E. 6TH AVE. STREET ADDRESS 3.3 STREET ADDRESS **DELRAY BEACH FL** 3.4. C(TY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SCHEER, DANA NAME 4, 2 NAME 701 SF GTH AUC STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP OCIRAY BENCH 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 of 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 charged, or on an attachment with an address.

CICNATURE.

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