


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

FILED

Mar 27 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 # **L24000** (6)

1. Corporation Name:
FLORY ENTERPRISES, INC.



Principal Place of Business 3905 NE 21ST AVE. APT. 2B FT. LAUDERDALE FL 33308	Mailing Address 3909 NE 21ST. AVE. % REMO DE NICOLAIS APT. 2 FT. LAUDERDALE FL 33308-5638
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3. Date Incorporated or Qualified 10/18/1989	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0276588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3909 NE 21ST AVE Suite, Apt. #, etc. 22 FT. LAUD. City & State 23 FL Zip 24 33308	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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9. Name and Address of Current Registered Agent

**BIZZARRO, DEBORAH L.
2419 E. COMMERCIAL BLVD
SUITE 302
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	PAGE, NICOLINA	
STREET ADDRESS	3909 NE 21 AVE, APT 2	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	
NAME	DE NICOLAIS, RAFAELE REMO R	
STREET ADDRESS	3909 NE 21ST AVE. APT. 2	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	MICHELE NAPOLITANO	
1.2 NAME	3909 NE 21ST AVE. #2	
1.3 STREET ADDRESS	FT LAUD. FL 33308	
1.4 CITY-ST-ZIP		
2.1 TITLE	PAGE NICOLINA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3909 NE 21ST AVE #2	
2.3 STREET ADDRESS	FT LAUD. FL 33308	
2.4 CITY-ST-ZIP		
3.1 TITLE	DE NICOLAIS, RAFAELE R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3909 NE 21ST AVE. #2	
3.3 STREET ADDRESS	FT LAUD. FL 33308	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 (954) 565.9538

CR2E034 (9/96)