FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56922 (2)

1. Corporation Name
ANDREA COSTICH, INC.

Principal Place of Business
11136 NORTHWEST 1ST PLACE
CORAL SPRINGS FL 33071

Mailing Address
11136 NORTHWEST 1ST PLACE
CORAL SPRINGS FL 33071

2. Principal Place of Business
21 11050 Tarpon Bay Court
Suite, Apt. #, etc.
22
City & State
23 Tamarac Florida
Zip 24 33321 Country 25

2a. Mailing Address
26 11050 Tarpon Bay Court
Suite, Apt. #, etc.
27
City & State
28 Tamarac Florida
Zip 29 33321 Country 30

3. Date Incorporated or Qualified: 03/09/1990
3a. Date of Last Report: 01/27/1995
4. FEI Number: 65-0182990 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SIDWEBER, ROBERT W., ESQUIRE
STE 702
2929 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name: Sidweber, Robert W., Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 7771 W Oakland Park Blvd
83 Ste 214
84 City: Sunrise FL 85 Zip Code: 33351

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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	SIDWEBER, ANDREA	
STREET ADDRESS	11136 N W 1ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME	Sidweber, Andrea	
1.3 STREET ADDRESS	11050 Tarpon Bay Court	
1.4 CITY-ST-ZIP	Tamarac FL 33321	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Andrea Sidweber 3/4/96 954 726 0618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #