21     26     65-0184502     Not       Suite, Apt #, etc     Suite, Apt. #, etc.     5. Certificate of Status Desired     \$8.75 Ar       22     27     City & State     6. Election Campaign Financing     \$5.00 N       23     28     Trust Fund Contribution     Added to       Zip     Country     Zip     Country     8. This corporation has liability for intangible tax under s.	0am ate
Phategraphics of Business.  Maing Address  Maing Ad	
21     28     65-0184502     Not       Suite, Apt #, etc.     Suite, Apt #, etc.     Suite, Apt #, etc.     Scrifts, Apt #, etc.     Scrifts, Apt #, etc.     Scrifts, Apt #, etc.     Fee Reg       City, & State     City, & State     City, & State     Scrifts, Apt #, etc.     Scrifts, Apt #, etc.     Scrifts, Apt #, etc.     Fee Reg       21     Country     21     Country     21     Country     8     This corporation has tability for intangible tax under a.       22     23     23     30     For scrifts, Apt #, etc.     Scrifts, Apt #, etc.     Scrifts, Apt #, etc.       24     25     28     29     30     For scrifts, Apt #, etc.     Scrifts, Apt #, etc.       24     25     28     29     30     For interpretain the interpretain applicits and applicits and applicits and applicits and applicits and applicits and applicits applic	port
Suite. Apt. #, etc. 22 City & Status 22 23 29 29 20 Country 29 20 20 Country 29 20 20 20 20 20 20 20 20 20 20 20 20 20	lied For Applicable
City & State         City & State         E. Beolon Campagin Financing         State           23         23         29         30         Trust Fund Contribution         Added to Added to Finite Surprise           24         23         29         30         Finite Surprise         Finite Surprise         Finite Surprise         Added to Added to Finite Surprise           24         23         29         30         Finite Surprise         Finite Surpris         Finite Surpris         Fini	ditional
2p       Country       2p       Country       8. This corporation has liability for intanglole tax unders.         2d       30       Finite corporation has liability for intanglole tax unders.       Style to INSge / Noge / No	flay Be
Berner and Address of Current Registered Agent     LEON, J E     g250 W. FLAQLER ST.     MIAMI FL 33174     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address     Street Address (P.O. Box Number is Not Acceptable)     B     Street Address	199.032,
BUCH, Yo L       BICK, Yo L <td>ttached</td>	ttached
B4     City     FL     85     Zip C       11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation's bushtis this statement for the purpose of changing its officients busht agent. Lam familiar with, and accept the obligations of, Section 807 0505, Florida Statutes.     Signature intervision's busht is prevented represented to the appointment as in agent and the appoint and the appointment as in agent and the appoint and the appoint agent agent and the appoint agent and the appoint agent agent agent and the appoint agent age	
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 n agent. Law familiaer with, and accept the obligations of, Socion 6070, 5050, Florida Statutes.         SIGNATURE       Signature transmitter at regelered agent and the # appointment as negleted agent and the # appointment as negitted agent and the # appointment as negleted agent and the # app	ode
Inite         DP         DELETE         1.1 TITLE         Change           NAME         GELBER, LESLIE J         12 NAME         12 NAME           STREET ADDRESS         11760 US HIGHWAY ONE SUITE 600         13 STREET ADDRESS         14 CITY-ST-ZIP           NULF         DT         DELETE         21 TITLE         Change           NAME         MCGRATH, ROBERT L         22 NAME         11760 US HIGHWAY ONE SUITE 600         23 STREET ADDRESS           STREET ADDRESS         11760 US HIGHWAY ONE SUITE 600         23 STREET ADDRESS         CHY-ST-ZIP         Change           NAME         CARPENTER, F M         21 DELETE         31 TITLE         Change           NAME         CARPENTER, F M         33 STREET ADDRESS         Change           STRET ADDRESS         11760 US HIGHWAY ONE SUITE 600         33 STREET ADDRESS         Change           NAME         CARPENTER, F M         33 STREET ADDRESS         CHY-ST-ZIP           NORTH PALM BEACH FL 33408         34 CHY-ST-ZIP         Change           NAME         DV         DELETE         4 CHY-ST-ZIP           NORTH PALM BEACH FL 33408         34 CHY-ST-ZIP         Change           NORTH PALM BEACH FL 33408         44 CHY-ST-ZIP         Change           NAME         DELETE         51	egistered
NAME         GELBER, LESLIE J         12 NAME           SIREELADDRESS         11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408         13 STREET ADDRESS           HTIF         DT         DELETE         21 TITLE           HAME         MCGRATH, ROBERT L         22 NAME           STREET ADDRESS         11760 US HIGHWAY ONE SUITE 600         23 STREET ADDRESS           STREET ADDRESS         11760 US HIGHWAY ONE SUITE 600         23 STREET ADDRESS           CITY-ST-ZP         NORTH PALM BEACH FL 33408         2.4 CITY-ST-ZIP           TITLE         S         1 DELETE         31 TITLE           STREET ADDRESS         11760 US HIGHWAY ONE SUITE 600         23 STREET ADDRESS         Change           NAME         CARPENTER, F M         31 TITLE         Change           STREIT ADDRESS         11760 US HIGHWAY ONE SUITE 600         33 STREET ADDRESS           CITY-ST-ZP         NORTH PALM BEACH FL 33408         34 CITY-ST-ZP           NAME         DV         DELETE         41 TITLE           NAME         DV         J DELETE         41 TITLE           HAME         HOFFMAN, KENNETH P         42 NAME         Change           STREIT ADDRESS         11760 US HIGHWAY ONE SUITE 600         43 STREET ADDRESS           STREIT ADDRESS	IN 12
THLF       DT       DELETE       21 TITLE       Change         NAME       MCGRATH, ROBERT L       22 NAME         STREET ADDRESS       11760 US HIGHWAY ONE SUITE 600       23 STREET ADDRESS         CITY. ST-2IF       NORTH PALM BEACH FL 33408       2.4 CITY-ST-2IP         TITLE       S       DELETE       31 TITLE         NAME       CARPENTER, F M       32 NAME       Change         STRET ADDRESS       11760 US HIGHWAY ONE SUITE 600       33 STREET ADDRESS       Change         STRET ADDRESS       11760 US HIGHWAY ONE SUITE 600       33 STREET ADDRESS       CHY-ST-2IP         TITLE       DV       DELETE       4.1 TITLE       Change         HAME       HOFFMAN, KENNETH P       AL CITY-ST-2IP       Change         HAME       HOFFMAN, KENNETH P       4.2 NAME       Change         STRET ADDRESS       11760 US HIGHWAY ONE SUITE 600       43 STREET ADDRESS       Change         STRET ADDRESS       11760 US HIGHWAY ONE SUITE 600       43 STREET ADDRESS       Change         STRET ADDRESS       11760 US HIGHWAY ONE SUITE 600       43 STREET ADDRESS       Change         STRET ADDRESS       11760 US HIGHWAY ONE SUITE 600       43 STREET ADDRESS       Change         TITLE       DELETE       51 TITLE	Addition
TITLE       S       DELETE       3.1 TITLE       Change         NAME       CARPENTER, F M       3.2 NAME       3.2 NAME       3.2 NAME         STREET ADDRESS       11760 US HIGHWAY ONE SUITE 600       3.3 STREET ADDRESS       CHY-ST-ZIP       DV       DELETE       4. CHY-ST-ZIP         TITLE       DV       DELETE       4.1 TITLE       Change         NAME       HOFFMAN, KENNETH P       4.2 NAME       Change         STREET ADDRESS       11760 US HIGHWAY ONE SUITE 600       4.3 STREET ADDRESS       Change         CHY-ST-ZIP       NORTH PALM BEACH FL 33408       4.2 NAME       Change         STREET ADDRESS       11760 US HIGHWAY ONE SUITE 600       4.3 STREET ADDRESS       Change         CHY-ST-ZIP       NORTH PALM BEACH FL 33408       4.4 CITY-ST-ZIP       Change         TITLE       DELETE       5.1 TITLE       Change         NAME       DELETE       5.1 TITLE       Change	Addition C
STREET ADDRESS     11760 US HIGHWAY ONE SUITE 600     3.3 STREET ADDRESS       CITY - ST - ZIP     NORTH PALM BEACH FL 33408     34. CITY - ST - ZIP       TITLE     DV     DELETE     4.1 TITLE       HAME     HOFFMAN, KENNETH P     4.2 NAME       STREET ADDRESS     11760 US HIGHWAY ONE SUITE 600     4.3 STREET ADDRESS       C/TY - ST - ZIP     NORTH PALM BEACH FL 33408     44 CITY - ST - ZIP       TITLE     DELETE     5.1 TITLE       NAME     DELETE     5.1 TITLE	Addition
DV     DELETE     4.1 TITLE       NAME     HOFFMAN, KENNETH P     4.2 NAME       STREFT ADDRESS     11760 US HIGHWAY ONE SUITE 600     4.3 STREET ADDRESS       ChTY-ST-ZIP     NORTH PALM BEACH FL 33408     44 CITY-ST-ZIP       TITLE     DELETE     5.1 TITLE       NAME     5.2 NAME     10 Change	
TITLE DELETE 5.1 TITLE DELETE 5.1 NAME Change	Addition
	1
CITY-ST-ZIP     5.4 CITY-ST-ZIP       TILE     6.1 TITLE       NAME     6.2 NAME       STREET ADDRESS     6.3 STREET ADDRESS	Addition
CITY-ST-ZIP     64 CITY-ST-ZIP     64 CITY-ST-ZIP     64 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 und I an an officer or director of the poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na appears in Block 12 or Block 12 or on an attachment with an address.     Frances M. Carpenter 4/4/97 (561)	Addition