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

FILED
Jul 07 1997 8:00am
Secretary of State

DOCUMENT # M55276 (3)

1. Corporation Name
SCHER & ASSOCIATES, INC.

Principal Place of Business
% MIRIAM I. CRUZ-BUSTILLO
1805 NW 51 TERRACE
GAINESVILLE FL 32605

Mailing Address
% MIRIAM I. CRUZ-BUSTILLO
1805 NW 51 TERRACE
GAINESVILLE FL 32605-3311

3. Date Incorporated or Qualified: 07/08/1987
3a. Date of Last Report: 08/16/1996
4. FEI Number: 59-2831106 | 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 [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
CRUZ-BUSTILLO, MIRIAM I.
1805 NW 51 TERRACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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		
TITLE	DP	[ ] DELETE	1.1 TITLE	[ ] Change	[ ] Addition
NAME	SCHER, RICHARD K.		1.2 NAME		
STREET ADDRESS	1805 NW 51ST TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DS	[ ] DELETE	2.1 TITLE	[ ] Change	[ ] Addition
NAME	CRUZ-BUSTILLO, MIRIAM I.		2.2 NAME		
STREET ADDRESS	1805 NW 51ST TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change	[ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change	[ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change	[ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change	[ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: MIRIAM CRUZ-BUSTILLO 7/1/97 352-372-4281