

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M57447** (8)

1. Corporation Name
SUTCLIFFE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**1600 NW 33RD STREET
POMPAÑO BEACH FL 33064
US**

**1600 NW 33RD ST.
#2
POMPAÑO BEACH FL 33064-1413
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1987		3a. Date of Last Report 09/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2833779		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SUTCLIFFE, BRUCE C. 1600 NW 33RD STREET, #2 POMPAÑO BEACH FL 33064				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				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		D		<input type="checkbox"/> DELETE		1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		SUTCLIFFE, BRUCE C.				1.2 NAME									
STREET ADDRESS		1600 NW 33RD ST. #2				1.3 STREET ADDRESS									
CITY - ST - ZIP		POMPAÑO BEACH FL				1.4 CITY - ST - ZIP									
TITLE		D		<input type="checkbox"/> DELETE		2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		SUTCLIFFE, MARJORIE B.				2.2 NAME									
STREET ADDRESS		1600 NW 33RD STREET #2				2.3 STREET ADDRESS									
CITY - ST - ZIP		POMPAÑO BEACH FL				2.4 CITY - ST - ZIP									
TITLE				<input type="checkbox"/> DELETE		3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						3.2 NAME									
STREET ADDRESS						3.3 STREET ADDRESS									
CITY - ST - ZIP						3.4 CITY - ST - ZIP									
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						4.2 NAME									
STREET ADDRESS						4.3 STREET ADDRESS									
CITY - ST - ZIP						4.4 CITY - ST - ZIP									
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET ADDRESS									
CITY - ST - ZIP						5.4 CITY - ST - ZIP									
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET ADDRESS									
CITY - ST - ZIP						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:  **4-28-97 954-978-6791**

CR2E034 (9/96)