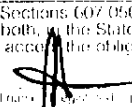
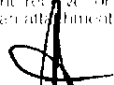


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M70573 1. Corporation Name THE TYCHE CORPORATION OF FT. LAUDERDALE, FLORIDA			
Principal Place of Business % Anomia B. Delacroix 2764 N.W. 42nd Ave. Coconut Creek, FL 33066		Mailing Address % Anomia B. Delacroix 2764 N.W. 42nd Ave. Coconut Creek, FL 33066	
2. Principal Place of Business 21 3542 Sahara springs Blvd Suite, Apt. #, etc. 22 City & State 23 Pompano Beach, FL Zip 24 33069		2a. Mailing Address 27 3542 Sahara Springs Suite, Apt. #, etc. 28 Pompano Beach, FL Zip 29 33069 Country 30 USA	
9. Name and Address of Current Registered Agent DELACROIX, ANOMIA BYSSUS 2764 N.W. 42nd AVE. COCONUT CREEK, FL 33066		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3542 Sahara Springs Blvd 83 84 City Pompano Beach 85 Zip Code FL 33069	
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 APR 29 1998			
12. OFFICERS AND DIRECTORS TITLE DPO NAME DELACROIX, ANOMIA BYSSUS STREET ADDRESS 2764 N.W. 42nd AVE. CITY-ST-ZIP COCONUT CREEK, FL 33066		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE Change 12 NAME 13 STREET ADDRESS 3542 Sahara Springs Blvd 14 CITY-ST-ZIP Pompano Beach, FL 33069 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I 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 registered agent 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.		300002537973 -05/28/98--01010--022 ***150.00 APR 29 1998 954-978-9074	
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/97)