

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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32642** (1)
1. Corporation Name
TYLER ASPEN, INC.

Principal Place of Business 1750 SOUTH YOUNG CIRCLE SUITE 201 HOLLYWOOD FL 33020-6809	Mailing Address 1750 SOUTH YOUNG CIRCLE SUITE 201 HOLLYWOOD FL 33020-6820
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3. Date Incorporated or Qualified 01/08/1991	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0164283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 PO BOX 551497 Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 551497 Suite, Apt. #, etc.
22 City & State 23 FT. LAUDERDALE FL	27 City & State 28 FT LAUDERDALE, FL
24 Zip 33355	25 Country BROWARD
29 Zip 33355	30 Country BROWARD

**MCGLOTHLIN, DENNIS J., ESQ.
727 NE 3RD AVENUE
#101
FT. LAUDERDALE FL 33304**

81 Name	10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST	1.2 NAME	DIBIASE, ELIO ANTHONY
STREET ADDRESS	1750 YOUNG CIRCLE, SUITE 201	1.3 STREET ADDRESS	P.O. BOX 551497
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33355 (N/A)
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD	2.2 NAME	DIBIASE, ELIO ANTHONY
STREET ADDRESS	1750 YOUNG CIRCLE, SUITE 201	2.3 STREET ADDRESS	P.O. Box 551497
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33355 (N/A)
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	DIBIASE, RALPH
STREET ADDRESS	1750 YOUNG CIRCLE, SUITE 201	3.3 STREET ADDRESS	P.O. Box 551497
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33355 (N/A)
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	DIBIASE, DOMENICO
STREET ADDRESS	1750 YOUNG CIRCLE, SUITE 201	4.3 STREET ADDRESS	P.O. Box 551497
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33355 (N/A)
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: X **Elio A. DiBiase, Pres.** xx 4-29-97 954 252-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)