


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 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 # **P39598** (8)

1. Corporation Name
FOUNTAINHEAD TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

**501 VALLEY STREET
PROVIDENCE RI 02908
US**

**501 VALLEY STREET
PROVIDENCE RI 02908
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1992		3a. Date of Last Report 07/12/1996	
4. FEI Number 04-2800924		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		25	
26		27	
28		29	
30		31	
9. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	Treasurer
NAME	LUBRANO, FRANCIS	1.2 NAME	William S. Hardin
STREET ADDRESS	501 VALLEY STREET	1.3 STREET ADDRESS	3731 Ivy Road, N.E.
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	D	2.1 TITLE	Vice President
NAME	GREEN, STEPHEN	2.2 NAME	James E. Palmer
STREET ADDRESS	105 ROWAYTON AVE	2.3 STREET ADDRESS	52 Lloyd Avenue
CITY-ST-ZIP	ROWAYTON CT	2.4 CITY-ST-ZIP	Providence, RI 02906
TITLE	CFO	3.1 TITLE	Director
NAME	HOGAN, MARK L.	3.2 NAME	Howard F. Elkins
STREET ADDRESS	7 FISHHAWK LANE	3.3 STREET ADDRESS	2867 Wyngate N.W.
CITY-ST-ZIP	BRISTOL RI	3.4 CITY-ST-ZIP	Atlanta, GA 30305
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Daniel C. Edmundson
STREET ADDRESS		4.3 STREET ADDRESS	90 Park Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10016
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 submitted 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 in Block 13 if changed, or in Block 13 if changed, or in Block 13 if changed.

SIGNATURE:  **Francis Lubrano** 7/30/97 401-725-9990

CR2E034 (4/97)