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**May 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

DOCUMENT # P93000006891 (4)
1. Corporation Name
HUFCOR/GULFSTREAM, INC.



Principal Place of Business: 199 NW 28 ST, BOCA RATON FL 33431, US
Mailing Address: 199 NW 28 ST, BOCA RATON FL 33431-6629, US

3. Date Incorporated or Qualified: 01/28/1993
3a. Date of Last Report: 06/12/1996
4. FEI Number: 65-0385280
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 No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TOBIAS, JAMES A, 199 NW 28TH STREET, BOCA RATON FL 33431

10. Name and Address of New Registered Agent (81-85): Robert Lee Nesbitt, 3850 NW Boca Raton Blvd. #23, Boca Raton, FL 33431

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] DATE: APRIL 28, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NESBITT, ROBERT L	
STREET ADDRESS	44 BARBERTON ROAD	
CITY-ST-ZIP	FLORIDA GARDENS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TOBIAS, JAMES A.	
STREET ADDRESS	10900 FOX GLEN DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TOBIAS, RONALD J.	
STREET ADDRESS	22830 PONDEROSA DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TOBIAS, ROBERT R	
STREET ADDRESS	10783 58TH ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nesbitt, Pat	
2.3 STREET ADDRESS	44 Barberton Road	
2.4 CITY-ST-ZIP	Florida Gardens, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature] DATE: 4/28/97

CP2E034 (9/96)