


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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000052378 (5)

1. Corporation Name  
**PUNCT-US ACQUISITION CORP.**



Principal Place of Business	Mailing Address
<del>010 JAMES R. KAY, P.A.</del> <del>500 VILLAGE BLVD. STE 100</del> <del>WEST PALM BEACH FL 33409</del> <del>US</del>	<del>010 JAMES R. KAY, P.A.</del> <del>500 VILLAGE BLVD. STE 100</del> <del>WEST PALM BEACH FL 33409</del> <del>US</del>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1400 E. Newport Center Dr. Suite, Apt. #, etc. 22 Suite 209 City & State 23 Deerfield Beach, FL Zip 24 33442	25 1400 E. Newport Center Dr. Suite, Apt. #, etc. 26 Suite 209 City & State 27 Deerfield Beach, FL Zip 28 33442
Country 25 US	Country 28 US

3. Date Incorporated or Qualified <b>07/27/1993</b>	4. FEI Number <b>65-0434222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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

9. Name and Address of Current Registered Agent
<del>KAY, JAMES R. P.A.</del> <del>500 VILLAGE BLVD.</del> <del>STE. 100</del> <del>WEST PALM BEACH FL 33409</del>

10. Name and Address of New Registered Agent
81 Name <b>James R. Kay</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>777 South Flagler Drive</b>
83 Suite 900 East Tower
84 City <b>West Palm Beach</b>
85 Zip Code <b>FL 33401</b>

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 *James R. Kay* **2-2-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REIBLING, LORENZ 1400 E. NEWPORT CENTER DR STE 209 DEERFIELD BEACH FL 33442 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST REIBLING, GUENTHER 1400 E. NEWPORT DR DEERFIELD BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASSOF, LINDA G. 1400 E. NEWPORT CENTER DR. #209 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Suite 209</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Guenter Reibling* **Guenter Reibling**  
**Vice President** **2-2-98 954-428-4585**

CR2E034 (10/97)