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Feb 18 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 # P93000080330 (2)

1. Corporation Name
THE ARGUS GROUP, INC.

Principal Place of Business
50 SOUTH BELCHER ROAD
STE 117
CLEARWATER FL 34625
US

Mailing Address
50 S. BELCHER ROAD
STE 117
CLEARWATER FL 34625-3951
US



3. Date Incorporated or Qualified 11/17/1993	3a. Date of Last Report 07/08/1996
4. FEI Number 59-3212822	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

FENNELL, TODD W
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Gary B. Rovin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 9350 S. Dixie Hwy., PH 2
83
84 City Miami
85 Zip Code FL 33156

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DUNCAN, KYLE <input type="checkbox"/> DELETE	11 TITLE D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12 NAME 50 S. BELCHER RD., STE 117	21 TITLE D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CLEARWATER FL	13 STREET ADDRESS	22 NAME 50 S. BELCHER RD., STE 117	23 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE WEINTRAUB, MARSHALL <input type="checkbox"/> DELETE	21 TITLE D/V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	22 NAME HAZELZET, JANET	31 TITLE
STREET ADDRESS 50 S. BELCHER RD., STE 117	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
CITY-ST-ZIP	41 TITLE D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	42 NAME Irwin Laufer	43 STREET ADDRESS
TITLE HAZELZET, JANET <input type="checkbox"/> DELETE	44 CITY-ST-ZIP	44 CITY-ST-ZIP	51 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 50 S BELCHER RD STE 117	52 NAME Gary B. Rovin	53 STREET ADDRESS	54 CITY-ST-ZIP
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	61 TITLE
TITLE <input type="checkbox"/> DELETE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
NAME	64 CITY-ST-ZIP		
STREET ADDRESS			
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 for or on an attachment with an address.

SIGNATURE:

Gary B. Rovin

(305) 670-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)