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Jan 31 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 # P94000001431 (3)

1. Corporation Name
PLANTAG, INC.



Principal Place of Business Mailing Address
% STEVEN SHAPIRO % STEVEN SHAPIRO
3111 FORTUNE WAY, SUITE B-18 3111 FORTUNE WAY, SUITE B-18
W. PALM BEACH FL 33414 W. PALM BEACH FL 33414-8707

3. Date Incorporated or Qualified 12/29/1993
3a. Date of Last Report 03/28/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt #, etc. 22 27
City & State 23 28
Zip Country 24 25 29 30

4. FEI Number 65-0464674 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHAPIRO, STEVEN M
% STEVEN SHAPIRO
3111 FORTUNE WAY, SUITE B-18
W. PALM BEACH FL 33414

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
TITLE D
NAME SHAPIRO, STEVEN M
STREET ADDRESS 3111 FORTUNE WAY, SUITE B-18
CITY-ST-ZIP W. PALM BEACH FL 33414
TITLE D
NAME SHAPIRO, ELLEN D
STREET ADDRESS 3111 FORTUNE WAY, SUITE B-18
CITY-ST-ZIP W. PALM BEACH FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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: _____ 1/25/97 (561) 7932007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)