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97 OCT 29 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



<p>• PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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Principal Place of Business	Mailing Address
2340 NE 45TH ST. LIGHTHOUSE POINT FL 33064	2340 NE 45TH ST. LIGHTHOUSE POINT FL 33064

2. Principal Place of Business		2a. Mailing Address	
21	6191 ORANGE DRIVE Suite, Apt. #, etc.	26	6191 ORANGE DRIVE Suite, Apt. #, etc.
22	SUITE 6171 City & State	27	SUITE 6171 City & State
23	DAVIE, FL Zip	28	DAVIE, FL Zip
24	33314	29	33314
25	USA	30	USA

9. Name and Address of Current Registered Agent		B1	Name
PRICE, DAVID T		B2	Street Address
2800 NE 24TH ST.		B3	City
LIGHTHOUSE POINT FL		B4	State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Edward Herndon

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		
NAME	BISHOP, JESSE		1.2 NAME		
STREET ADDRESS	2340 NE 45TH ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY - ST - ZIP		
TITLE	DVST	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	HERBST, RICHARD		2.2 NAME		
STREET ADDRESS	575 CRANDALL BLVD. #802		2.3 STREET ADDRESS		
CITY - ST - ZIP	KEY BISCAVNE FL 33149		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0780925	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
<p>RICHARD HERBST</p> <p>ss (P.O. Box Number is Not Acceptable) ^C</p> <p>ORANGE DRIVE</p> <p>ITE 6171</p> <p>AVIE</p> <p>FL ⁸⁵ Zip Code 33314</p>	

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.

CP2E034 (4/97)