

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 94000013427
1. Corporation Name
 New River Technologies, Inc.

Principal Place of Business **Mailing Address**

110 E. Broward Blvd.
 Suite 1400
 P.O. Box 1525
 Fort Lauderdale, FL 33301

3. Date Incorporated or Qualified 2/17/94	3a. Date of Last Report 4/05/96
4. FEI Number 65-0525498	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

Dennis Dustin Smith
 C/O Tripp Scott Conklin & Smith
 110 S. E. 6th Street
 Fort Lauderdale, FL 33301

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

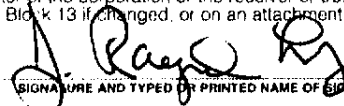
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 remaining) **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Lewis	12 NAME	
STREET ADDRESS	110 E. Broward Blvd., 14th FL	13 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale, FL 33301	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman D. Tripp	22 NAME	
STREET ADDRESS	110 S.E. 6th St, 28th FL	23 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale, FL 33301	24 CITY-ST-ZIP	
TITLE	T,D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosalie V. Arthur	32 NAME	
STREET ADDRESS	110 S.E. 6th Street, 29th FL	33 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale, FL 33301	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael S. Egan	42 NAME	
STREET ADDRESS	110 S.E. 6th St, 29th FL	43 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale, FL 33301	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger H. Ballou	52 NAME	
STREET ADDRESS	110 S.E. 6th Street, 29th FL	53 STREET ADDRESS	
CITY-ST-ZIP	FT Lauderdale, FL 33301	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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:  **Raymond Lewis** **4/28/97 (954)522-1440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)