

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000036509 (5)**

1. Corporation Name
ERRANDS UNLIMITED, INC.

Principal Place of Business 100 W. CYPRESS CREEK ROAD SUITE 865 FORT LAUDERDALE FL 33309	Mailing Address 100 W. CYPRESS CREEK ROAD SUITE 865 FORT LAUDERDALE FL 33309-2112
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 65-0486890	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RANA M. GORZECK P.A. 100 W. CYPRESS CREEK ROAD SUITE 910 FORT LAUDERDALE FL 33309		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	2nd Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURHAM, CHARLES L	1.2 NAME	Anthony B Durham
STREET ADDRESS	10895 TEA OLIVE LANE	1.3 STREET ADDRESS	2048 Butler Pike, Suite #2
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	ANNETTA M. DURHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURHAM, ANNETTA M	2.2 NAME	10895 TEA OLIVE LANE
STREET ADDRESS	10895 TEA OLIVE LANE	2.3 STREET ADDRESS	BOCA RATON, FL 33498
CITY-ST-ZIP	BOCA RATON FL 33498	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	

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: *Annetta M. Durham* President April 24, 1997 561-4826235
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)