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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000039952 (4) 1. Corporation Name PERSHES & COMPANY, P.A.					
Principal Place of Business 20046 OCEAN KEY DRIVE SUITE D BOCA RATON FL 33498 US			Mailing Address 20046 OCEAN KEY DRIVE SUITE D BOCA RATON FL 33498-4526 US		
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/25/1994 3a. Date of Last Report 04/29/1996 4. FEI Number 65-0513066 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 9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PERSHES, PAUL C 4770 NW BOCA RATON BLVD SUITE D BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81 Name PAUL C PERSHES 82 Street Address (P.O. Box Number is Not Acceptable) 20046 OCEAN KEY DRIVE 83 84 City BOCA RATON FL 85 Zip Code 33498		
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: <i>Paul C Pershes</i> 4/1/97 <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME P PERSHES, PAUL C STREET ADDRESS 20046 OCEAN KEY DR. CITY-ST-ZIP BOCA RATON FL TITLE <input type="checkbox"/> DELETE NAME S PERSHES, GAIL M STREET ADDRESS 20046 OCEAN KEY DR. CITY-ST-ZIP BOCA RATON FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Paul C Pershes</i> 4/1/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (9/96)