

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

FILED

May 14 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 # P94000054901 (1)

1. Corporation Name
NIAGARA OF AMERICA, INC.

Principal Place of Business Mailing Address
~~700 WESTOVER ST~~ 7631 Sharon Lakes Rd. P.O. BOX 150
~~GASTONIA NC 28056~~ Suite G LOWELL NC 28098-0156 - SAME -
US Charlotte, NC 28210 US
USA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 7631 Sharon Lakes Rd.	26 7631 Sharon Lakes Rd.	07/25/1994	06/28/1996
22 Suite G	27 Suite G	4. FEI Number	Applied For
23 Charlotte, NC	28 Charlotte, NC	65-0507512	Not Applicable
24 28210	29 28210	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30 USA	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHABROW, PENN B ESQ % WAMPLER BUCHANAN & BREEN PA 777 BRICKELL AVE 900 SUN BANK BLDG MIAMI FL 33131	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CREALEY, PETER 18-18 JOSEPHINE ST LOGANHOLME QUEENSLAND AUSTRALIA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WESTON, MICHAEL 18-18 JOSEPHINE ST LOGANHOLME QUEENSLAND AUSTRALIA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Delete - no longer a director
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SEANEY, A J DARTEL HOUSE 2 LUMLEY RD HORLEY SURREY RH6 7RJ ENGLAND	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MCKENZIE, KEITH DARTEL HOUSE 2 LUMLEY RD HORLEY SURREY RH6 7RJ ENGLAND	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Corporate Secretary
STREET ADDRESS		5.3 STREET ADDRESS	Robert Wilkinson
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dartel House 2 Lumley Rd. Horley
TITLE		6.1 TITLE	Surrey RH6 7RJ England
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: A.J. SEANEY 4/21/97 704/643-5280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #