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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065444 (9)

1. Corporation Name
117 N.E. SECOND STREET, INC.



Principal Place of Business
1 EAST BROWARD BLVD.
SUITE 1101
FORT LAUDERDALE FL 33301

Mailing Address
1 EAST BROWARD BLVD.
SUITE 1101
FORT LAUDERDALE FL 33301-1842

3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last Report 04/01/1996
4. FEI Number 65-0528727	Applied For <input type="checkbox"/> 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 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 21 Suite, LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301	2a. Mailing Address 26 LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301
23 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent

HORVITZ, DAVID
1 EAST BROWARD BLVD.
SUITE 1101
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
LAS OLAS CENTRE

82 Street
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

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 _____ (Signature, typed or printed name of registered agent and, if not applicable, (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HORVITZ, DAVID W	1.2 NAME	LAS OLAS CENTRE
STREET ADDRESS	1 EAST BROWARD BLVD., STE. 1101	1.3 STREET ADDRESS	450 EAST LAS OLAS BOULEVARD, #900
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33301
TITLE	D	2.1 TITLE	LAS OLAS CENTRE
NAME	HORVITZ, FRANCIE	2.2 NAME	450 EAST LAS OLAS BOULEVARD, #900
STREET ADDRESS	1 EAST BROWARD BLVD., STE. 1101	2.3 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301
CITY-ST-ZIP	FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	LAS OLAS CENTRE
NAME	BURTON, F. MELVIN	3.2 NAME	450 EAST LAS OLAS BOULEVARD, #900
STREET ADDRESS	1 EAST BROWARD BLVD., STE. 1101	3.3 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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

CR2E034 (9/96)