

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

FILED  
Sep 12 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 # P94000069391 (8)

1. Corporation Name  
SCREEN HUGGERS, INC.



Principal Place of Business 1077 SW 30TH AVENUE DEERFIELD BEACH FL 33442 US	Mailing Address 1077 SW 30TH AVE DEERFIELD BEACH FL 33442-8104 US
--	--

3. Date Incorporated or Qualified 09/21/1994	3a. Date of Last Report 06/17/1996
---	---------------------------------------

2. Principal Place of Business 21 2755 S. Federal Hwy Suite, Apt. #, etc. 22 Suite 13 City & State 23 Boynton Beach, FL Zip 24 33435	2a. Mailing Address 26 2755 S. Federal Hwy Suite, Apt. #, etc. 27 Suite 13 City & State 28 Boynton Beach, FL Zip 29 33435
---	--

4. FEI Number 65-0533661	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SUSSER, GARY E 2755 S. FEDERAL HIGHWAY SUITE 13 BOYNTON BEACH FL 33435
--

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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	McGrady, Patricia
NAME	MCGRADY, PATRICIA	1.2 NAME	421 Live Oak Lane
STREET ADDRESS	7634 N.W. 6TH AVENUE	1.3 STREET ADDRESS	Boynton Beach, FL 33436
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Burmeister, George
NAME	BURMEISTER, GEORGE	2.2 NAME	2755 S. Federal Hwy Suite 13
STREET ADDRESS	7634 N.W. 6TH AVENUE	2.3 STREET ADDRESS	Boynton Beach, FL 33435
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Patricia McGrady, Registered Agent, 9-7-97 (561) 364-8219

CR2E034 (9/96)