

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

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Mar 25 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 # P95000028308 (1)

1. Corporation Name
CROHM SYSTEMS, INC.



Principal Place of Business 5280 STEVENS RD BOYNTON BEACH FL 33437	Mailing Address 5280 STEVENS RD BOYNTON BEACH FL 33437-1086
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3. Date Incorporated or Qualified 04/06/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0604726	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LINDFORS, EINO A
5280 STEVENS RD
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

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: Eino A. Lindfors EINO A. LINDFORS, President 3-21-97
(NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	P LINDFORS, EINO A	5280 STEVEN RD	BOYNTON BEACH FL 33437	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE

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: Eino A. Lindfors EINO A. LINDFORS, President 3-21-97 961-736-6346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)