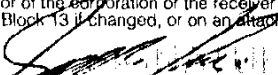


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 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 # P95000049719 (4)			
1. Corporation Name PALM BEACH GROUP INVESTMENT, INC.			
Principal Place of Business 5100 NORTH OCEAN DRIVE #313 FORT LAUDERDALE FL 33308 C/O LERNER & KLISTON P.A. 8211 W. BROWARD BLVD PLANTATION, FL. 33324		Mailing Address 5100 NORTH OCEAN DRIVE #313 FORT LAUDERDALE FL 33308-3009 C/O LERNER & KLISTON P.A. 8211 W. BROWARD BLVD #375 PLANTATION, FL. 33324	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		06/22/1995	
22		3a. Date of Last Report	
23		06/10/1996	
24		4. FEI Number	
25		65-0609242	
26		5. Certificate of Status Desired	
27		8.75 Additional Fee Required	
28		6. Election Campaign Financing	
29		Trust Fund Contribution	
30		5.00 May Be Added to Fees	
31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
32		Yes No	
33		9. Name and Address of Current Registered Agent	
34		10. Name and Address of New Registered Agent	
35		81 Name	
36		82 Street Address (P.O. Box Number is Not Acceptable)	
37		83	
38		84 City	
39		85 Zip Code	
40		FL	
11. Pursuant to the provisions of Sections 607.0302 and 607.0505, 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			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			



CR2E034 (9/96)