FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000057502 (3)**

1. Corporation Name
STEKEN, INC.

Principal Place of Business
1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

Mailing Address
1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report:
4. FEI Number: 65-0600055 [ ] Applied For [ ] Not Applicable

2. Principal Place of Business
21 2300 GLADES RD
22 Suite, Apt. Number: # 302 EAST
23 City & State: BOCA RATON FL
24 Zip: 33431
25 Country: USA

2a. Mailing Address
26 2300 GLADES RD
27 Suite, Apt. Number: # 302 EAST
28 City & State: BOCA RATON FL
29 Zip: 33431
30 Country: USA

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
SCIARRETTA, STEVEN A ESQ.
~~1900 GLADES ROAD~~
~~SUITE 355~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2300 GLADES RD # 302E
83
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Section 607.0502 and 607.1506, Florida Statutes, the above 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SCIARRETTA, STEVEN A ESQ.	
STREET ADDRESS	1900 GLADES ROAD, SUITE 355	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[X] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	2300 GLADES RD # 302E	
14 CITY-ST-ZIP	BOCA RATON FL 33431	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report will be kept current, complete and accurate. 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 other legal entity or a person authorized 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 attached sheet, with an address.

SIGNATURE: 3/25/96 407 3687978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)