


FILED
Feb 11 1998 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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Principal Place of Business	Mailing Address
8221 GLADES ROAD BOCA RATON FL 33434	8221 GLADES ROAD BOCA RATON FL 33434

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

g. Name and Address of Current Registered Agent		81	Name
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PSTD STAMBOLYAN, HAROUT 8221 GLADES ROAD BOCA RATON FL 33434	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP			1.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 08/10/1995			
4. FEI Number 65-0600327	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

FL			85	Zip Code
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ation submits this statement for the purpose of changing its registered
on's board of directors. I hereby accept the appointment as registered

DATE

[illegible]

Section 119.07(3)(i), Florida Statutes. I further certify that the information I shall have the same legal effect as if made under oath; that I am authorized by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (10/97)