


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

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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000083398 (4)</b>			
1. Corporation Name <b>ANDRIC, INC.</b>			
Principal Place of Business <b>2455 EAST SUNRISE BLVD. SUITE 917 FT. LAUDERDALE FL 33304</b>		Mailing Address <b>2455 EAST SUNRISE BLVD. SUITE 917 FT. LAUDERDALE FL 33304-3112</b>	
2. Principal Place of Business 21 <b>524 Bayshore Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ft. Lauderdale, FL</b> Zip Country 24 <b>33304</b> 25 <b>U.S.A.</b>		2a. Mailing Address 26 <b>524 Bayshore Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ft. Lauderdale, FL</b> Zip Country 29 <b>33304</b> 30 <b>U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>BOFSHEVER, HAROLD S 2455 EAST SUNRISE BLVD. SUITE 917 FT. LAUDERDALE FL 33304</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOPTIS, RICHARD 2455 E. SUNRISE BLVD. #917 FT. LAUDERDALE FL 33304</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D Doptis, Richard 524 Bayshore Drive Ft. Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HABER, ANDREW 2455 E. SUNRISE BLVD. #917 FT. LAUDERDALE FL 33304</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Haber, Andrew 524 Bayshore Drive Ft. Lauderdale, FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: <i>Richard Doptis</i>		4/9/97 954-525-8858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)