

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

FILED

Apr 18 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 # **P95000095648 (8)**

1. Corporation Name
ARGO OF SOUTH FLORIDA, INC.



Principal Place of Business 570 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334	Mailing Address 570 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334-3118
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3. Date Incorporated or Qualified 12/19/1995	3a. Date of Last Report 07/08/1996
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2. Principal Place of Business 21 4101 N. DIXIE HWY Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.	4. FEI Number 65-0632206 Applied For Not Applicable
22 City & State 23 FT. LAUDERDALE FL	27 City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33334 25 Country USA	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DISTEL, MELVIN -570 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334	10. Name and Address of New Registered Agent 81 Name MELVIN DISTEL 82 Street Address (P.O. Box Number is Not Acceptable) 4101 N. DIXIE HWY 83 84 City FT LAUDERDALE FL 85 Zip Code 33334
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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 *Melvin Distel* **MELVIN DISTEL PRESIDENT** 4/13/97
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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DISTEL, MELVIN		1.2 NAME	
STREET ADDRESS 570 EAST PROSPECT ROAD		1.3 STREET ADDRESS	
CITY - ST - ZIP FORT LAUDERDALE FL 33334		1.4 CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DISTEL, GENEVIEVE		2.2 NAME	
STREET ADDRESS 570 EAST PROSPECT ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP FORT LAUDERDALE FL 33334		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Melvin Distel* **MELVIN DISTEL** 4/13/97 2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)