
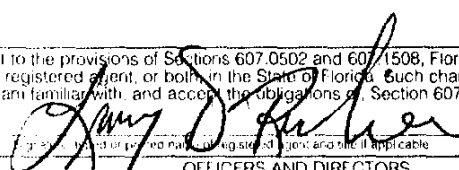
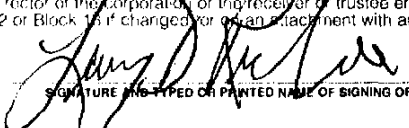


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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97 APR 15 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name		P95000097713			
Strategic Assemblies, Inc.					
Principal Place of Business		Mailing Address			
440 East Sample Road Suite 200 Pompano Beach, FL 33064		440 East Sample Road Suite 200 Pompano Beach, FL 33064			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1/1/96	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report N/A	
22 City & State		27 City & State		4. FEI Number 65-0704799	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Riche, Larry D 408 Liberty Court Pompano Beach, FL 33064			81 Name Riche, Larry D		
			82 Street Address (P.O. Box Number is Not Acceptable) 440 East Sample Road		
			83 Suite 200		
			84 City Pompano Beach		
			85 Zip Code FL 33064		
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 certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE P/S/T/D <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME Riche, Larry D			1.2 NAME		
3. STREET ADDRESS 440 East Sample Road			1.3 STREET ADDRESS		
4. CITY-ST-ZIP Pompano Beach, FL 33064 <input type="checkbox"/> DELETE			1.4 CITY-ST-ZIP		
5. TITLE <input type="checkbox"/> DELETE			2.1 TITLE		
6. NAME			2.2 NAME		
7. STREET ADDRESS			2.3 STREET ADDRESS		
8. CITY-ST-ZIP			2.4 CITY-ST-ZIP		
9. TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY-ST-ZIP			3.4 CITY-ST-ZIP		
13. TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY-ST-ZIP			4.4 CITY-ST-ZIP		
17. TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY-ST-ZIP			5.4 CITY-ST-ZIP		
21. TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. 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 contained 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 as an attachment with an address.					
SIGNATURE: 			Larry D Riche, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			(954) 946-3222		

CR2E034 (9/96)