

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 AUG -4 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000001028 (5)**

1. Corporation Name  
**HOCUS POCUS ENTERPRISES, INC.**



Principal Place of Business <b>865 S CONGRESS AVE 1515 UNIVERSITY DR. SUITE 218 WEST PALM BEACH FL 33406 US</b>	Mailing Address <b>865 S CONGRESS AVE 1515 UNIVERSITY DR. SUITE 218 WEST PALM BEACH FL 33406 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1995</b>		3a. Date of Last Report <b>04/25/1996</b>	
21 <b>865 South Congress Ave</b>		26 <b>865 South Congress Ave</b>		4. FEI Number <b>65-0631523</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 <b>West Palm Beach, Florida</b>		28 <b>West Palm Beach, Florida</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 <b>33406</b>		25 <b>USA</b>		29 <b>33406</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**SYROP, JERRY M  
1515 UNIVERSITY DR  
SUITE 218  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name <b>Gary Gerstenfeld</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1515 University Drive Suite 218</b>
83
84 City <b>Coral Springs</b>
85 Zip Code <b>FL 33071</b>

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]* DATE **7/23/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SICILIANO, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>%1515 UNIVERSITY DR, SUITE 218</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD,ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEATHLEY, TIMOTHY</b>	2.2 NAME	<b>KEATHLEY, TIMOTHY</b>
STREET ADDRESS	<b>%1515 UNIVERSITY DR, SUITE 218</b>	2.3 STREET ADDRESS	<b>c/o 1515 University Drive Suite 218</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	2.4 CITY-ST-ZIP	<b>Coral Springs, Florida 33071</b>
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LISCIO, TERENCE</del>	3.2 NAME	
STREET ADDRESS	<del>%1515 UNIVERSITY DR, SUITE 218</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>CORAL SPRINGS FL 33071</del>	3.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	<del>LISCIO, CHERRY</del>	4.2 NAME	
STREET ADDRESS	<del>%1515 UNIVERSITY DR, SUITE 218</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>CORAL SPRINGS FL 33071</del>	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.

CR2E034 (4/97)