

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000003267 (7)**

1. Corporation Name
SHEAR DIFFERENCE, INC.



Principal Place of Business 4800 N. OCEAN BLVD., SUITE 202 BOYNTON BEACH FL 33435	Mailing Address 4800 N. OCEAN BLVD., SUITE 202 BOYNTON BEACH FL 33435-7365
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3. Date Incorporated or Qualified 01/10/1996	3a. Date of Last Report N/A
4. FEI Number 65-0634102	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 2449 10TH AVE N.	2a. Mailing Address 2449 10TH AVE N.
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State LAKE WORTH, FL.	27 City & State LAKE WORTH, FL.
23 Zip 33461	28 Country USA
24	29

9. Name and Address of Current Registered Agent MICHAEL J. LAVERY, P.A. 4800 N. OCEAN BLVD., SUITE 202 BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name PATTY DIMINO 82 Street Address (P.O. Box Number is Not Acceptable) 2449 10TH AVE NORTH 83 84 City LAKE WORTH FL 85 Zip Code 33461
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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.

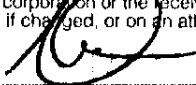
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/13/97**

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 DIMINO, PATTY		1.2 NAME	
STREET ADDRESS 970 OLD OAK COURT		1.3 STREET ADDRESS	
CITY - ST - ZIP WEST PALM BEACH FL 33414		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **LAWRENCE M. DIMINO** 2/25/97 561-948-5211

CR2E034 (9/96)