


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

FILED

Apr 08 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 # **P96000003789 (0)**

1. Corporation Name

M. HUDDLESTON ENTERPRISES, INC.

Principal Place of Business

**2294 CORPORATE BOULEVARD
SUITE 222
BOCA RATON FL 33431**

Mailing Address

**2294 CORPORATE BOULEVARD
SUITE 222
BOCA RATON FL 33431-7327**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
21. Suite Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0635198	Applied For Not Applicable
25. Suite Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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	D	1.1 TITLE	DPST
NAME	HERRICK, NORTON	1.2 NAME	
STREET ADDRESS	2294 CORPORATE BOULEVARD, SUITE 222	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VAS
NAME		2.2 NAME	HOWARD HERRICK
STREET ADDRESS		2.3 STREET ADDRESS	20 COMMUNITY PLACE 3RD FLOOR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MORRISTOWN NJ 07960
TITLE		3.1 TITLE	VAS
NAME		3.2 NAME	MICHAEL HERRICK
STREET ADDRESS		3.3 STREET ADDRESS	2295 CORPORATE BLVD NW SUITE 222
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 officer 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

Date

Daytime Phone #

CR2E034 (9/96)