


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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000019780 (1)**  
1. Corporation Name  
**FARC, INC.**



Principal Place of Business <b>17395 N BAY RD SUITE 206 MIAMI BEACH FL 33160</b>	Mailing Address <b>17395 N BAY RD SUITE 206 MIAMI BEACH FL 33160</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>03/04/1996</b>	
21		26		4. FEI Number <b>65-0645689</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KALISHMAN, STUART  
17395 N BAY RD  
SUITE 206  
MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALISHMAN, STUART			1.2 NAME			
STREET ADDRESS	17395 N BAY RD SUITE #206			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	METE, VICTOR			2.2 NAME			
STREET ADDRESS	8700 S.W. 17TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OVERHOLSER, JACK			3.2 NAME			
STREET ADDRESS	454 E. 16TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HALEAH FL			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, BUD			4.2 NAME			
STREET ADDRESS	2843 FILLMORE ST #106			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, MICHAEL			5.2 NAME			
STREET ADDRESS	1806 S.W. 17TH TERRACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL			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 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: *Stuart Kalishman* **STUART KALISHMAN 1-2-98 (305)935-1040**

CR2E034 (10/97)