

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000021028 (1)

1. Corporation Name  
**PIROULINE, INC.**



Principal Place of Business <b>3477 PALLADIAN CIRCLE DEERFIELD BEACH FL 33442</b>	Mailing Address <b>3477 PALLADIAN CIRCLE DEERFIELD BEACH FL 33442</b>
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1996</b>	3a. Date of Last Report
21		26		4. FEI Number <b>65-0649659</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent <b>AMERIDWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
81	Name	<b>ANNETTE LARSON</b>			
82	Street Address (P.O. Box Number is Not Acceptable)	<b>3477 PALLADIAN CIRCLE</b>			
83					
84	City	<b>DEERFIELD BEACH</b>	85	Zip Code	<b>FL 33442</b>

11. Pursuant to the provisions of Sections 607.0509 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: *Annette Larson* DATE: **3-15-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	STARK, SAM	1.1 TITLE		1.2 NAME	
STREET ADDRESS	3477 PALLADIAN CIRCLE	CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.3 STREET ADDRESS	ELIMINATE		
				1.4 CITY-ST-ZIP			
TITLE	STD	NAME	LARSEN, ANNETTE	2.1 TITLE		2.2 NAME	
STREET ADDRESS	3477 PALLADIAN CIRCLE	CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
				2.5 STREET ADDRESS		2.6 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
				3.5 STREET ADDRESS		3.6 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
				4.5 STREET ADDRESS		4.6 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
				5.5 STREET ADDRESS		5.6 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
				6.5 STREET ADDRESS		6.6 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: *Annette Larson* DATE: **3-15-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ANNETTE LARSON**

CR2E034 (9/96)