

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028148

(1. Corporation Name)

3830, Inc.

FILED

97 OCT 27 PM 4: 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4601 Oakes Road Davie, FL 33314	Mailing Address 4126 S.W. 47th Avenue Davie, Florida 33314
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3. Date Incorporated or Qualified 3/28/96	3a. Date of Last Report N/A
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2. Principal Place of Business 21 4601 Oakes Road Suite, Apt. #, etc. 22 City & State 23 Davie, Florida Zip 24 33314 Country 25 USA	2a. Mailing Address 26 4126 S.W. 47th Ave. Suite, Apt. #, etc. 27 City & State 28 Davie, Florida Zip 29 33314 Country 30 USA	4. FEI Number 65-0663030 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name Goodman, Webber & Hinden, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 4430 S.W. 64th Avenue 83 84 City Davie FL 85 Zip Code 33314
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I, 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  By: Barry S. Webber, Pres. 10/20/97

(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	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Joseph Danielle
STREET ADDRESS		1.3 STREET ADDRESS	4126 S.W. 47th Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Davie, Florida 33314
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Anthony Ragusa
STREET ADDRESS		2.3 STREET ADDRESS	4317 N.W. 103rd Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Paul Ragusa
STREET ADDRESS		3.3 STREET ADDRESS	C/O Anthony Ragusa
CITY-ST-ZIP		3.4 CITY-ST-ZIP	4317 N.W. 103rd Avenue
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Sunrise, FL 33351
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 792-3880

10/20/97

CR2E034 (9/96)