


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

FILED
Mar 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P96000032672 (3) 1. Corporation Name PROMACON SYSTEMS, INC. | | |




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|--|---|
| Principal Place of Business 6971 N FEDERAL HIGHWAY SUITE 105 BOCA RATON FL 33487 | Mailing Address 6971 N FEDERAL HIGHWAY SUITE 105 BOCA RATON FL 33487-1698 |
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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 6891 QUEENFERRY CTR Suite, Apt. #, etc. | | 2a. Mailing Address 26 6891 QUEENFERRY CTR Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/16/1996 | 3a. Date of Last Report FIRST REPORT |
| 22 City & State 23 BOCA RATON FL | | 27 City & State 28 BOCA RATON FL | | 4. FEI Number 65-0665157 | Applied For Not Applicable |
| 24 Zip 33496 | | 25 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 29 Zip 33496 | | 30 Country USA | | 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 GREENWALD, STEVEN I 6971 N FEDERAL HIGHWAY SUITE 105 BOCA RATON FL 33487 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | FL |

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

| | | | |
|--|--|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SESKIN, LESTER 6971 N FEDERAL HIGHWAY SUITE 105 BOCA RATON FL 33487 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | D SESKIN, LESTER 6891 QUEENFERRY CTR BOCA RATON FL 33496 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:  3/11/97 561-451-1657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)