

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000034164 (9)

1. Corporation Name  
SACRED SYMBOLS INC.

Principal Place of Business  
8505 SHADOW CT  
CORAL SPRINGS FL 33071

Mailing Address  
8505 SHADOW CT  
CORAL SPRINGS FL 33071-7480



3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report
4. FEI Number 65-0671564	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7152 N. University Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 TAMARAC, FL. Zip 33321 Country USA	27 City & State 28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
ENGL, DANIEL  
8505 SHADOW CT  
CORAL SPRINGS FL 33071

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	
STREET ADDRESS	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
STREET ADDRESS	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
STREET ADDRESS	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/28/97 (934) 724-0414  
Date Daytime Phone #

CR2E034 (9/96)