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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062531 (4)

1. Corporation Name
TEAMWORK ONE, INC.



Principal Place of Business 1100 BEL AIRE DR E PEMBROKE PINES FL 33027	Mailing Address 1100 BEL AIRE DR E PEMBROKE PINES FL 33027-2226
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3. Date Incorporated or Qualified 07/24/1996	3a. Date of Last Report _____
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2. Principal Place of Business 21 3080 NE 47th CT 22 Suite, Apt. #, etc. 404 23 City & State Ft. LAUDERDALE 24 Zip 33308 25 Country FL	2a. Mailing Address 26 3080 NE 47th CT 27 Suite, Apt. #, etc. 404 28 City & State Ft. LAUDERDALE 29 Zip 33308 30 Country FL	4. FEI Number 65-0685084 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BROTMAN, STEVEN H
100 SE 2ND ST SUITE 2100
MIAMI FL 33131

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

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	D	1.1 TITLE	D
NAME	PAPPAUER, RUDOLF	1.2 NAME	PAPPAUER RUDOLF
STREET ADDRESS	1100 BEL AIRE DR E	1.3 STREET ADDRESS	3080 NE 47th CT #404
CITY - ST - ZIP	PEMBROKE PINES FL 33027	1.4 CITY - ST - ZIP	Ft. LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 do hereby certify that the information supplied with this annual report 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 officer or director 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 from an attached document with an address.

SIGNATURE: PAPPAUER Rudolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1997 (954) 489-9521
Date Daytime Phone #

CR2E034 (9/96)