

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

FILED

May 08 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 # **P96000076104 (4)**

1. Corporation Name
SIRS (NY), INC.

Principal Place of Business
**1100 HOLLAND DRIVE
BOCA RATON FL 33427**

Mailing Address
**1100 HOLLAND DRIVE
BOCA RATON FL 33487-2701**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0703714		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip 33487	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOORE, W. RODGERS 4800 N FEDERAL HIGHWAY SUITE 210-A BOCA RATON FL 33431				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D <input type="checkbox"/> DELETE	1.1 TITLE	V. ASST. SEC. ASST. TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, W. RODGERS	1.2 NAME	MOORE, W. RODGERS
STREET ADDRESS	7623 SIERRA TERRACE	1.3 STREET ADDRESS	7623 SIERRA TERRACE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P., D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GOLDSTEIN, ELIOT H.
STREET ADDRESS		2.3 STREET ADDRESS	1100 HOLLAND DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL. 33487
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V., S., T., D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GOLDSTEIN, ELEANOR P.
STREET ADDRESS		3.3 STREET ADDRESS	1100 HOLLAND DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL. 33487
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 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: W. Rodgers Moore V.P. 4-22-97 561-394-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)