


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

FILED

May 01 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 # **P96000081054 (4)**

1. Corporation Name
THE GINGER MAN, INC.



Principal Place of Business 375 SOUTH COUNTY ROAD SUITE 218 PALM BEACH FL 33480	Mailing Address 375 SOUTH COUNTY ROAD SUITE 218 PALM BEACH FL 33480-4407
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3. Date Incorporated or Qualified 09/27/1996	3a. Date of Last Report
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2. Principal Place of Business 21 401 South County Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 401 South County Rd. Suite, Apt. #, etc.	4. FEI Number 65-0696874	Applied For Not Applicable
22 City & State Palm Beach FL	27 City & State Palm Beach FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33480	28 Country Palm Beach	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country Palm Beach	29 Zip 33480	30 Country Palm Beach	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ROBERT EVANS, LESLIE ESQ.
375 SOUTH COUNTY ROAD
SUITE 218
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERT EVANS, LESLIE ESQ.		1.2 NAME JAMES ENZEL	
STREET ADDRESS 375 SOUTH COUNTY RD. SUITE 218		1.3 STREET ADDRESS 1180 BARRY DR S	
CITY-ST-ZIP PALM BEACH FL 33480		1.4 CITY-ST-ZIP Valley Stream, NY 11580	
TITLE VICE PRES. - CEO	<input type="checkbox"/> DELETE	2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMES ENZEL		2.2 NAME CHRISTINE O'NEAL	
STREET ADDRESS 1180 BARRY DR. S.		2.3 STREET ADDRESS 390 W END AVE	
CITY-ST-ZIP Valley Stream NY 11580		2.4 CITY-ST-ZIP NY, NY 10024	
TITLE PRES	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTINE O'NEAL		3.2 NAME	
STREET ADDRESS 390 W END AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP NY, NY 10024		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 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: James Enzel **James Enzel** 4/21/97 212 7874663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)