


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 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 # P96000084406 (3)
 1. Corporation Name
SHARK POD USA, INC.



Principal Place of Business 2455 EAST SUNRISE BLVD. STE 1216 FORT LAUDERDALE FL 33304	Mailing Address 2455 EAST SUNRISE BLVD. STE 1216 FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1996		3a. Date of Last Report	
4. FEI Number 65-0745724		Applied For <input type="checkbox"/> Not Applied	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 5931 NE 15 TERRACE Suite, Apt. #, etc.	2a. Mailing Address 26 5931 NE 15 TERRACE Suite, Apt. #, etc.	23 City & State FORT LAUDERDALE FL	28 City & State FORT LAUDERDALE FL
22	27	24 Zip 33334	25 Country USA
29 Zip 33334	30 Country USA	9. Name and Address of Current Registered Agent WILBURN, CHRISTOPHER A 2455 EAST SUNRISE BLVD. STE 1216 FORT LAUDERDALE FL 33304	
81 Name M. Glenn Curran, III		10. Name and Address of New Registered Agent	
82 Street Address (P.O. Box Number is Not Acceptable) 2400 E. Commercial Blvd.		83 Suite 208	
84 City Ft. Lauderdale		85 State FL	86 Zip Code 33308

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 *M. Glenn Curran, III* **M. Glenn Curran, III** **9/16/97**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILBURN, CHRISTOPHER A		1.2 NAME BRYAN MITCHELL	
STREET ADDRESS 2455 EAST SUNRISE BLVD. STE 1216		1.3 STREET ADDRESS 5931 NE 15 TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33334	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME GLENN CURRAN	
STREET ADDRESS		2.3 STREET ADDRESS 2400 E. COMMERCIAL BLVD. SUITE 208	
CITY-ST-ZIP		2.4 CITY-ST-ZIP FORT LAUDERDALE FL 33308	
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 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: *[Signature]* **PRESIDENT SHARK POD USA, INC.** **9/16/97** **951-2715511**

CR2E034 (4/97)