

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.)

APPROVED
AND
FILED

97 SEP 26 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094413 (7)
 1. Corporation Name
FRIEND OR FAUX, INC.



Principal Place of Business 436 AUSTRALIAN AVENUE #2 PALM BEACH FL 33480	Mailing Address 436 AUSTRALIAN AVENUE #2 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1996		3a. Date of Last Report NONE	
2. Principal Place of Business 21 242 South County Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 242 South County Rd. Suite, Apt. #, etc.	4. FEI Number 65-0710013	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Palm BEACH, FL City & State	28 Palm BEACH, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33480 Zip	25 PALM BEACH Country	29 33480 Zip	30 Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N.A.	

9. Name and Address of Current Registered Agent
HAICK, MARY L
436 AUSTRALIAN AVENUE #2
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
 81 Name **MARY LOU HAICK**
 82 Street Address (P.O. Box Number is Not Acceptable)
201 Phipps PLAZA
 83
 84 City **PALM BEACH** FL 85 Zip Code **33480**

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

TITLE	D.	<input type="checkbox"/> DELETE
NAME	HAICK, MARY L	
STREET ADDRESS	436 AUSTRALIAN AVENUE #2	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAICK, MARY L.	
1.3 STREET ADDRESS	242 SOUTH COUNTY ROAD	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	700002306337--6	
3.4 CITY-ST-ZIP	-09/29/97--01121--025	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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.

CR2E034 (4/97)