

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P96000100642 (3)

1. Corporation Name
ANTOY, INC.



Principal Place of Business: 8177 GLADES ROAD SUITE 205 BOCA RATON FL 33434
Mailing Address: 8177 GLADES ROAD SUITE 205 BOCA RATON FL 33434-4022

3. Date Incorporated or Qualified: 12/12/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3437619
Applied For: [Blank] / Not Applicable
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

2. Principal Place of Business: [Blank]
2a. Mailing Address: [Blank]
21. Suite, Apt. #, etc.: [Blank]
22. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
24. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
JAMES, KEITH A
1655 PALM BEACH LAKES BLVD.
SUITE 810, TOWER C
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent
B1 Name: [Blank]
B2 Street Address (P.O. Box Number is Not Acceptable): [Blank]
B3 [Blank]
B4 City: [Blank] FL B5 Zip Code: [Blank]

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: _____ DATE: _____
Signature by corporation printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> COMPLETE
NAME	John J. McLaughlin
STREET ADDRESS	1981 NW 38th Terrace
CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JOHN
STREET ADDRESS	1981 N.W. 38TH TERRACE
CITY-ST-ZIP	COCONUT CREEK FL 33066
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[Blank]
1.3 STREET ADDRESS	[Blank]
1.4 CITY-ST-ZIP	[Blank]
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[Blank]
2.3 STREET ADDRESS	[Blank]
2.4 CITY-ST-ZIP	[Blank]
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[Blank]
3.3 STREET ADDRESS	[Blank]
3.4 CITY-ST-ZIP	[Blank]
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]
4.3 STREET ADDRESS	[Blank]
4.4 CITY-ST-ZIP	[Blank]
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY-ST-ZIP	[Blank]
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY-ST-ZIP	[Blank]

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 on an attachment with an address.

SIGNATURE: _____ Date: 4/20/97 Daytime Phone #: 561-470-5544

CR2E034 (9/96)