

4-10-97 B-4386 C  
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
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DOCUMENT # **S09583** (3)  
1. Corporation Name  
**1011 GROUP, INC.**



Principal Place of Business <b>ONE JOHN ANDERSON DR APT 709 ORMOND BEACH FL 32176 US</b>		Mailing Address <b>ONE JOHN ANDERSON DR APT 709 ORMOND BEACH FL 32176-5780 US</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/29/1990</b>	3a. Date of Last Report <b>03/06/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3042852</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>BURNETT, RANDOM R. 601 N. GRANDVIEW AVENUE DAYTONA BEACH FL 32118</b>		10. Name and Address of New Registered Agent	
		81 Name <b>COHEN, ZEV</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>55 SETON TRAIL</b>	
		83	
		84 City <b>ORMOND BEACH</b>	85 Zip Code <b>FL 32176</b>

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 \_\_\_\_\_  
(NOTE: For registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAAS, DONALD A.</b>	1.2 NAME	<b>Donald A Haas</b>
STREET ADDRESS	<b>ONE JOHN ANDERSON DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMUELS, LOUIS P.</b>	2.2 NAME	
STREET ADDRESS	<b>600 CARSWELL AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLL HILL FL</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ZEV</b>	3.2 NAME	<b>Zev Cohen</b>
STREET ADDRESS	<b>55 SETON TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	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	

4. 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:  Pres. 1/23/97 (904) 677-2482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)