


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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # S57769 (9) 1. Corporation Name TECHNO-FIT, INC.											
Principal Place of Business 2010 SACRAMENTO FT. LAUDERDALE FL 33326			Mailing Address 2010 SACRAMENTO FT. LAUDERDALE FL 33326-2346								
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/29/1991 3a. Date of Last Report 03/14/1996							
4. FEI Number 65-0277075		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees							
9. Name and Address of Current Registered Agent SIEGEL, STEPHEN S. 7411 MIAMI LAKES DR. MIAMI LAKES FL 33014			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY-ST-ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY-ST-ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY-ST-ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY-ST-ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY-ST-ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY-ST-ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY-ST-ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY-ST-ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY-ST-ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY-ST-ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY-ST-ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY-ST-ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY-ST-ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY-ST-ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY-ST-ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY-ST-ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY-ST-ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY-ST-ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 1.100 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP 2.21 TITLE 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY-ST-ZIP 2.25 TITLE 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY-ST-ZIP 2.29 TITLE 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY-ST-ZIP 2.33 TITLE 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY-ST-ZIP 2.37 TITLE 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY-ST-ZIP 2.41 TITLE 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY-ST-ZIP 2.45 TITLE 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY-ST-ZIP 2.49 TITLE 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY-ST-ZIP 2.53 TITLE 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY-ST-ZIP 2.57 TITLE 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY-ST-ZIP 2.61 TITLE 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY-ST-ZIP 2.65 TITLE 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY-ST-ZIP 2.69 TITLE 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY-ST-ZIP 2.73 TITLE 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY-ST-ZIP 2.77 TITLE 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY-ST-ZIP 2.81 TITLE 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY-ST-ZIP 2.85 TITLE 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY-ST-ZIP 2.89 TITLE 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY-ST-ZIP 2.93 TITLE 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY-ST-ZIP 2.97 TITLE 2.98 NAME 2.99 STREET ADDRESS 2.100 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 included 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: <i>[Signature]</i> 4/12/97 (951) 389-8348 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											



CR2E034 (9/96)