

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

FILED

May 09 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 # S61944 (2)

1. Corporation Name
PEGASUS & CREW, INC.

Principal Place of Business C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004	Mailing Address C/O KB HOLDINGS / 647 E. DANIA BCH BLVD DANIA FL 33004
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1991		3a. Date of Last Report 04/29/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0270770		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WAGNER, JOAN S C/O KB HOLDINGS 647 EAST DANIA BEACH BOULEVARD DANIA FL 33004				10. Name and Address of New Registered Agent			
				81. Name Wagner, J.			
				82. Street Address (P.O. Box Number is Not Acceptable) c/o KB Holdings, 647 E. Dania Beach Blvd.			
				83. City			
				84. State FL			
				85. Zip Code 33004			

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: *Joan S Wagner* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOULIS, GUS			1.2 NAME			
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			1.4 CITY-ST-ZIP			
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HREN, MARGARET			2.2 NAME	Wagner, J.		
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD			2.3 STREET ADDRESS	c/o KB Holdings, 647 E. Dania Beach Blvd.		
CITY-ST-ZIP	DANIA FL 33004			2.4 CITY-ST-ZIP	Dania, FL 33004		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HREN, MARGARET			3.2 NAME			
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			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: *Joan S Wagner* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #