

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

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**Apr 14 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 # S74502 (3)

1. Corporation Name
SPECIALTY DEVICE INSTALLERS, INC.



Principal Place of Business 823 NW 57TH ST #9 FT LAUDERDALE FL 33309 US	Mailing Address 1120 ROYAL PALM BCH BLVD STE 176 ROYAL PALM BCH FL 33411-1607 US
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3. Date Incorporated or Qualified 08/20/1991	3a. Date of Last Report 08/06/1996
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2. Principal Place of Business 21 3880 N. 28TH. TERRACE Suite, Apt. #, etc.	2a. Mailing Address 26 3880 N. 28TH. TERRACE Suite, Apt. #, etc.
22 City & State 23 HOLLYWOOD FL	27 City & State 28 HOLLYWOOD FL
24 Zip 33020 25 Country	29 Zip 33020 30 Country

4. FEI Number 65-0282641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

**BAUER, FRANK
16747 FOXTRAIL LANE
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, ROBERT	
STREET ADDRESS	34-A 2755 LOUGHEED WAY	
CITY-ST-ZIP	PORT COQUITLAM	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BAUER, FRANK R.	
STREET ADDRESS	4090 122TH DRIVE, N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LISCIO, GARY	
STREET ADDRESS	6530 NW 4TH STREET	
CITY-ST-ZIP	PLANTATION FL	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GINSBURG, HAROLD	
1.3 STREET ADDRESS	3880 N 28TH TERRACE	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAUER, FRANK	
2.3 STREET ADDRESS	16747 FOXTAIL LANE	
2.4 CITY-ST-ZIP	LOXAHATCHEE FL 33470	
3.1 TITLE	DVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GINSBURG, RICHARD	
3.3 STREET ADDRESS	3880 N 28TH TERRACE	
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		

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 _____ DATE **4/9/97** (954) 976-5200

CR2E034 (9/96)