

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

FILED

Jan 28 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 # S93713 (3)
 1. Corporation Name
FLOVEST INCORPORATED



Principal Place of Business 1500 SUNBANK CENTER 515 E LAS OLAS BLVD. FT LAUDERDALE FL 33301	Mailing Address 1500 SUNBANK CENTER 515 E LAS OLAS BLVD. FT LAUDERDALE FL 33301-2268
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2. Principal Place of Business 21 Suite, 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 11/13/1991	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0299828		Applied For <input type="checkbox"/> 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		7. 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 ARONSON, DANIEL H. 1500 SUN BANK CENTER 515 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301				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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCPS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARONSON, DANIEL H.			1.2 NAME			
STREET ADDRESS	515 E LAS OLAS BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARONSON, JOANNE F.			2.2 NAME			
STREET ADDRESS	118 W. DILDO DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINROTH, STEVEN I			3.2 NAME			
STREET ADDRESS	6302 N 19TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			3.4 CITY-ST-ZIP			
TITLE	DVT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINROTH, RICHARD M			4.2 NAME			
STREET ADDRESS	6302 N. 19TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			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: Daniel H. Aronson **Daniel H. Aronson, President** **1/17/97** **(954) 768-8201**

CR2E034 (9/96)