


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

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May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V09403 (9)</b>					
<b>1. Corporation Name</b> <b>KRESHOVER ASSOCIATES, INC.</b>					
<b>Principal Place of Business</b> 1651 CORAL RIDGE DR CORAL SPRINGS FL 33071 US			<b>Mailing Address</b> P.O. BOX 771733 CORAL SPRINGS FL 33077-1733 US		
<b>2. Principal Place of Business</b> 21 10857 N.W. 4th Drive Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS, FL Zip 24 33071 Country 25 U.S.		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		<b>3. Date Incorporated or Qualified</b> 01/24/1992 <b>3a. Date of Last Report</b> 08/12/1996 <b>4. FEI Number</b> 65-0326565 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> KRESHOVER, PAUL S 1651 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071			<b>10. Name and Address of New Registered Agent</b> 81 Name Paul S. Kreshover 82 Street Address (P.O. Box Number is Not Acceptable) 10857 N.W. Fourth Drive 83 84 City Coral Springs FL 85 Zip Code 33071		
<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.</b> SIGNATURE: <i>Paul S. Kreshover, President</i> DATE: April 28, 1997 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>12. OFFICERS AND DIRECTORS</b> <input type="checkbox"/> DELETE			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE PVTS 1.2 NAME KRESHOVER, PAUL S 1.3 STREET ADDRESS 1651 CORAL RIDGE DR 1.4 CITY-ST-ZIP CORAL SPRINGS FL			1.1 TITLE PVTS 1.2 NAME Paul S. Kreshover 1.3 STREET ADDRESS 10857 N.W. Fourth Drive 1.4 CITY-ST-ZIP Coral Springs - FL - 33071		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<b>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 in 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.</b> SIGNATURE: <i>Paul S. Kreshover</i> DATE: 4/28/97 DAYTIME PHONE: 954-340-4084 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E034 (9/96)