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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11632 (9) 1. CORDINATE SOUTH, INC.													
Principal Place of Business 4400 N FEDERAL HWY STE - 210 BOCA RATON FL 33431			44(ST	Mailing Address 4400 N. FEDERAL HWY. STE. 210 BOCA RATON FL 33431-5195					-				
US				US					3. Date Incorporated or Qualified 02/03/1992	j	te of Last)9/1996	• ,	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		1	Applied For	
21 Suite Apt. #, etc.				Suite, Apt. #, etc.					PO 75			Not Applicable	
22				[27]					5. Certificate of Status Desired			Required	
Cily & State				City & State					Election Campaign Financing Trust Fund Contribution			May Be	
Zip		Country		Zıp	Ţ.,	Country	,		6. This corporation has liability for			s. 199.032,	
24	25 9 Name and Address of Current R			29 30					Florida Statutes Yes No 10, Name and Address of New Registered Agent				
WAI	KER, CLA		ir nañis	resed wheelt		81	Name		10. Hallie Bild Addiess of New Ne	Alares an V	South		
4101 N. OCEAN BLVD.				82 Str			Street A	Address	s (P.O. Box Number is Not Acceptat	Jo)			
SUITE 1407						02	300017	Audies	s (F.O. pox Number is Not Acceptat	10)			
BOCA RATON FL 33431						83							
						84	City				85 Zip	Code	
44 5	a the man is	1000 -1 0001 603 0Er	22 000 00	07 1500 Florido Diet.	400.0	b o . n b . o			tion a homita this at the same of for the s	FL	1 1	la vaciatore d	
office or re	io the provis egistered <mark>a</mark> g	gent, or both, in the State	ol Floric	da. Such change was	utes ti autho	ne abov orized by	e-named o ∤ the corp	corpore poration	ation submits this statement for the p 's board of directors. I hereby accep	urpose of It the appo	changing bintment a	its registered is registered	
agent. Lar	m familiar w	ith, and accept the oblig	ations of	Section 607.0505, F	lorida	Statute	S.					}	
SIGNATURE	Signature Types	I or printed name of registered ag	ent and title	if applicable. (NC	OTE Reg	pistered Ag	erit signature	required v	when reinstating)	DATE			
12.		OFFICERS AN	D DIREC			13.		,	ADDITIONS/CHANGES TO OFFIC				
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informatio Lam an of	14. I do hereby certify that the information supplied with this filling 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:

561-367-0301

FILED

Apr 16 1997 8:00am

Secretary of State