

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

FILED
Jul 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # V21914				3. Date Incorporated or Qualified 03/18/1992			
1. Corporation Name SURETECH, INC.				3a. Date of Last Report 05/01/96			
Principal Place of Business 5815 SE FEDERAL HWY STUART FL 34997				Mailing Address 5815 SE FEDERAL HWY STUART FL 34997			
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0459301		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired Fee Required		\$8.75 Additional	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent THOMAS E GRIFFITH SEAVIEW E 9150 SE RIVERFRONT TERRACE TEQUESTA FL 33469				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST THOMAS E GRIFFITH 9150 SE RIVERFRONT TERRACE TEQUESTA FL 33469				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition 300002256775 -07/14/97--01005--019 ***550.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition			
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 unchanged, or on an addition or deletion.							
SIGNATURE: <u>Thomas E. Griffith</u> <u>7/1/97</u> <u>561-744-5480</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							