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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	AL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS		Secretary of State		
	MENT # V53503 GROUP, INC.	(1)			1.1211
Principal Place	e of Business	Mailing Address		{	DTDTT BYBYL BYBYL BYBYL BYDYT BYBYL FBBY
\$370 BEAU RIVAGE DRIVE BUITE N-2 POMPANO BEACH FL 33064		3370 BEAU RIVAGE DRIVE SUITE N-2 POMPANO BEACH FL 33084-2040		No.	
				3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 08/07/1996
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0348207	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		<u> </u>	Fee Required
23	0	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29 3	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	ORRE, ANTHONY F., JR.		81 Name		
3370 BEAU RIVAGE DR. SUITE N-2			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	IPANO BEACH FL 33064		83		, , , , , , , , , , , , , , , , , , ,
			84 City		85 Zip Code
					_ FL `
11, Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State (² and 607.1508, Florida Statules of Florida. Such change was au	s, the above-named corp therized by the corporati	oration submits this statement for the p ion's board of directors, I hereby accep	urpose of changing its registered of the appointment as registered
agent la	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutos.	, ,	
SIGNATURE	Signature, typed or printed name of registered agen	s and tile Laurocalize (NOTE:	Registered Agent signature require	ed when rejostata o	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ETTORRE, ANTHONY F., JR.		1.2 NAME		
STREET ADDRESS	3370 BEAU RIVAGE DR., #2 POMPANO BEACH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D DENOTITE	DELETE	1.4 CHY-S1-ZIP 2.1 THLE		☐ Change ☐ Addition
NAME	ETTORRE, SANDRA L.		2.2 NAME		_ , _
STREET ADDRESS	3370 BEAU RIVAGE DR., #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2 4 CHY-ST-7/P		
TITLE		[_] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME OTDEET ADODESCE			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. City - St - ZIP		
TITLE		☐ DELETE	4.1 fifte		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	l		4.3 STHEET ADDRESS		
CITY-ST-ZIP		Drifte	4.4 CITY-ST-7IP		I Observe I Addition
TITLE NAME		LJ DELETE	5.1 T(ILE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - St - ZiP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addilion
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	ov certify that the information suppliers	with this filing does not qualify	for the exemption stated	I in Section 119.07(3)(i), Florida Statute:	s. I further certify that the
informatio I am an o appears i	n indicated on this annual report or su fficer or director of the corporal in or n Block 12 or Block 12 if changled, or	upplemental annual report is tru the Acciver or trustee empower or an attachment with an accin	e and accurate and that red to execute this repor ess.	my signature shall have the same lega t as required by Chapter 607, Florida S	l effect as if made under eath; that tatutes; and that my name

FILED

May 01 1997 8:00am