

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

US401Z

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90046 009 ***150.00

DOCUMENT # V73750

1. Corporation Name SYMMETRICAL RESOURCES CORPORATION



Principal Place of Business: 700 W. HILLSBORO BLVD. BLDG. 4 SUITE 201 DEERFIELD BEACH FL 33441 US

Mailing Address: 700 W. HILLSBORO BLVD. BLDG. 4 SUITE 201 DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip Country (24) (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip Country (29) (30)

3. Date incorporated or Qualified: 10/23/1992

4. FEI Number: 65-0365828 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: LIVEK, WILLIAM PAUL 5400 LEITNER DRIVE W. CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code FL

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

TITLE	D	DELETE
NAME	LIVEK, WILLIAM PAUL	
STREET ADDRESS	5400 LEITNER DRIVE W.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	DELETE
NAME	ENGEL, WILLIAM	
STREET ADDRESS	902 SEASAGE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Date: 1/6/99 Daytime Phone #: (954) 427-4104

CR2E034 (11/98)