

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075561 (7)
 1. Corporation Name
ELCYCER, INC.



Principal Place of Business 8 SOUTH RD NORTH KEY LARGO FL 33037	Mailing Address 8 SOUTH RD NORTH KEY LARGO FL 33037-3729
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2. Principal Place of Business 21 405 SOUTH HARBOR DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 405 SOUTH HARBOR DRIVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report 04/15/1996
22 City & State 23 N. KEY LARGO, FL	27 City & State 28 N. KEY LARGO, FL	4. FEI Number 65-0615231	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33037	25 Country U.S.A.	29 Zip 33037	30 Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LYNN, SANDRA T ESO 830 N KROME AVE HOMESTEAD FL 33090		10. Name and Address of New Registered Agent	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
		B5 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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSTERCHRIST, ERIC P		1.2 NAME OSTERCHRIST, ERIC P.	
STREET ADDRESS 8 SOUTH RD		1.3 STREET ADDRESS 405 SOUTH HARBOR DRIVE	
CITY-ST-ZIP NORTH KEY LARGO FL 33037		1.4 CITY-ST-ZIP N. KEY LARGO, FL 33037	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSTERCHRIST, PHYLLIS L		2.2 NAME OSTERCHRIST, PHYLLIS L.	
STREET ADDRESS 8 SOUTH RD		2.3 STREET ADDRESS 405 SOUTH HARBOR DRIVE	
CITY-ST-ZIP NORTH KEY LARGO FL 33037		2.4 CITY-ST-ZIP N. KEY LARGO, FL 33037	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ERIC P OSTERCHRIST 405 S HARBOR DR 33037 33037

CR2E024 (9/96)