


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

FILED

Apr 14 1997 8:00am
Secretary of State

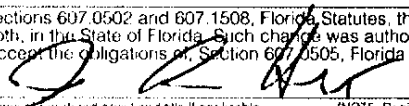
PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V33626 (5) 1. Corporation Name PACE ENTERPRISES OF SOUTH FLORIDA, INC.			
Principal Place of Business 5252 EHRLICH ROAD TAMPA FL		Mailing Address 5252 EHRLICH ROAD TAMPA FL 33624-2046	



2. Principal Place of Business 21 5599 E. Leitner Drive Suite, Apt. #, etc.		2a. Mailing Address 26 5599 E. Leitner Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/05/1992		3a. Date of Last Report 04/25/1996	
22 City & State Coral Springs, FL		27 City & State Coral Springs, FL		4. FEI Number 59-3120851		Applied For Not Applicable	
23 Zip 33067		28 Country U.S.A.		29 Zip 33067		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent ROSE, PETER A. SUITE 200, THE DART BLDG. 2101 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311				10. Name and Address of New Registered Agent 81 Name Alan R. Hecht, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2670 N.E. 215 Street 83 84 City Miami FL 85 Zip Code 33180			
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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  DATE **2.12.97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	S, D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACE, CHARLES			1.2 NAME			
STREET ADDRESS	8251 NW 54 CT			1.3 STREET ADDRESS	5599 E. Leitner Drive		
CITY-ST-ZIP	LAUDERHILL FL 33351			1.4 CITY-ST-ZIP	Coral Springs, FL 33067		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	AS, D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACE, HELENE			2.2 NAME			
STREET ADDRESS	8251 NW 54 CT			2.3 STREET ADDRESS	5599 E. Leitner Drive		
CITY-ST-ZIP	LAUDERHILL FL 33351			2.4 CITY-ST-ZIP	Coral Springs, FL 33067		
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:  DATE **2/12/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)