

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 642862 (7)
1. Corporation Name
WE, US & COMPANY, INC.

Principal Place of Business 705 NE 23RD TERRACE POMPANO BEACH FL 33062 US	Mailing Address 705 NE 23RD TERRACE POMPANO BEACH FL 33062 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5721 Seton Drive Suite, Apt. #, etc. 22 City & State 23 Margate, FL Zip 24 33063 Country 25 Broward		2a. Mailing Address 26 Box 1966 Suite, Apt. #, etc. 27 City & State 28 Pompano Beach, FL Zip 29 33061 Country 30 Broward		3. Date incorporated or Qualified 10/24/1979	
4. FEI Number 59-1951569		Applied For Not Applicable		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

ALEXANDER, MICHAEL M
705 NE 23RD TERRACE
POMPANO BEACH FL 33062

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER MICHAEL M	1.2 NAME	
STREET ADDRESS	705 NE 23RD TERRACE	1.3 STREET ADDRESS	5721 Seton Drive
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, CAROL JEAN	2.2 NAME	
STREET ADDRESS	705 NE 23RD TERRACE	2.3 STREET ADDRESS	5721 Seton Drive
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Margate, FL 33063
TITLE		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		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		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		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 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]

5/15/98 950 281-2220

CR2E034 (10/97)