

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

FILED
Feb 23 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 # 810081 (0)

1. Corporation Name
THE POOLE AND KENT COMPANY

Principal Place of Business 1781 NW NORTH RIVER DRIVE MIAMI FL 33125	Mailing Address 1781 NW NORTH RIVER DRIVE MIAMI FL 33125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1954	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		4. FEI Number 52-0617984	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		8. 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 CARTER, RICHARD C 2633 BACCARAT DR. COOPER CITY FL 33026				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
VST	JUNG, R C	1.1 TITLE	
12337 PANS SPRING CT		1.2 NAME	
ELLICOTT CITY MD		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VPS	STOFFREGEN, W. D	2.1 TITLE	VPSD
8816 GOLDENWOOD ROAD		2.2 NAME	STOFFREGEN, W.D.
VALTIMORE MD		2.3 STREET ADDRESS	1431 AUTUMN LEAF ROAD
		2.4 CITY-ST-ZIP	BALTIMORE MD 21286
PD	THOMAS, W W	3.1 TITLE	
9800 SW 92ND AVE		3.2 NAME	
MIAMI, FL 00000		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
VD	JORDAN, S. C.	4.1 TITLE	CEO D
9530 S.W. 92ND AVENUE		4.2 NAME	
MIAMI FL		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
D	JUNG, R C	5.1 TITLE	
12337 PANS SPRING CT		5.2 NAME	
ELLICOTT CITY MD		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	VPD
		6.2 NAME	CARR, P. H.
		6.3 STREET ADDRESS	7934 S.W. TERRACE DRIVE
		6.4 CITY-ST-ZIP	MIAMI FL 33189

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *W. David Stoffregen* W. DAVID STOFFREGEN 2/6/98 410-247-2200

CR2E034 (10/97)