FILED TILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham NNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 CUMENT # FLORD TEN ENTEN MELLE MARKE MARKE MARKE MARKE MARKET MARKET MARKET FLOREN ER FREI E Mailing Address oloal Place of Business 2107 Frankfold Ave 30423 State Re Suite 372 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified BOCA RATON, Principal Place of Business 2a. Mailing Address Applied For 2**3-**Not Applicable Sulte, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Country Zip This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **COLES, LESLIE J CPA** 123 N.W. 13TH ST., STE. 220 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 City Zip Code 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 registere office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ___ Addition PDS Change DELETE TITLE 1.5 TITLE **BUTLER, JAMES** NAME 1.2 NAME 991 CARVER ST. STREET ADDRESS 1.3 STREET ADDRESS PHILADELPHIA PA 19124 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Additi TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addit TITLE 3 1 TITEF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addit Addit TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addit TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 for on an attachment with an address.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

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***150.00

DELETE

TITLE

NAME

STREET ADORESS

CITY - ST - ZIP