

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F97000002806 (4)**  
 1. Corporation Name  
**2825 ASSOCIATES CORP.**



Principal Place of Business <b>40 YORK ROAD, SUITE 200 TOWSON MD 21204</b>	Mailing Address <b>40 YORK ROAD, SUITE 200 TOWSON MD 21204</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>751 Park of Commerce Dr</b>		2a. Mailing Address 26 <b>751 Park of Commerce Dr</b>		3. Date Incorporated or Qualified <b>05/29/1997</b>	
Suite, Apt. #, etc. 22 <b># 128</b>		Suite, Apt. #, etc. 27 <b># 128</b>		4. FEI Number <b>52-2036058</b>	
City & State 23 <b>Boca Raton, FL</b>		City & State 28 <b>Boca Raton, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33487</b>		Country 30 <b>Palm Beach</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>Palm Beach</b>		Zip 29 <b>33487</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
83				85 <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCT</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PECHTER, MARTIN H</b>	1.2 NAME	
STREET ADDRESS	<b>40 YORK ROAD, SUITE 200</b>	1.3 STREET ADDRESS	<b>751 Park of Commerce Dr - #128</b>
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33487</b>
TITLE	<b>V</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PECHTER, JACK H</b>	2.2 NAME	
STREET ADDRESS	<b>40 YORK ROAD, SUITE 200</b>	2.3 STREET ADDRESS	<b>751 Park of Commerce Dr - #128</b>
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33487</b>
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PECHTER, JEFFREY S</b>	3.2 NAME	
STREET ADDRESS	<b>40 YORK ROAD, SUITE 200</b>	3.3 STREET ADDRESS	<b>751 Park of Commerce Dr - #128</b>
CITY-ST-ZIP	<b>TOWSON MD 21204</b>	3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33487</b>
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 \_\_\_\_\_ DATE **11.15.97** (51.1) 907-1771

CR2E034 (10/97)