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

PROFIT May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)JOHN DORONY, JR., C.P.A., P.A. Mailing Address Principal Place of Business 4410 N ST RD 7 4410 N ST RD 7 FT LAUDERDALE FL 33319 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33319 US 3. Date incorporated or Qualified 04/11/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2304460 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DORONY, JOHN JR. 4410 N ST RD STE 205 Street Address (P.O. Box Number is Not Acceptable) 82 BIND FT LAUDERDALE FL 33319 83 84 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered ago of and to cit' applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change 1.1 TITLE TITLE DORONY, JOHN JR. 1.2 NAME NAME 4317 W BROWARD BIVD 4410 N. ST RD. 7 #205 1.3 STREET ADDRESS STREET ADDRESS PIANTATION FT. LAUDERDALE FL 33319 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 411016 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 of 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 only in attaching t with an aptirists.

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