FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M62249 (1)LEROY PROPERTIES OF FLORIDA, INC. Principal Place of Business Mailing Address C/O ALLEN D. STOLAR C/O ALLEN D. STOLAR 290 N.W. 165TH ST. N-400 MIAMI FL 33169-3431 290 N.W. 165TH ST. N-400 MIAMI FL 33169-3431 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/09/1987 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STOLAR, ALLEN D. 290 NW 165 ST #M400 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33169-3431 83 City 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 lifle if applicable Registered Agent signate 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition LATTERY, ALTON ROY NAME 1.2 NAME % 290 NW 165 STR, STE M400 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE

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.

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

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6.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZW

CITY-ST-ZIP

Change

Change

Change

Addition

Addition

Addition