

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

FILED

**Oct 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005161 (4)
1. Corporation Name
2-B PROPERTIES CORP.



Principal Place of Business: ~~951 BELL MEADE IS DR MIAMI FL 33138~~
Mailing Address: 951 BELL MEADE IS DR MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1100 NW 1630 DR
22 Suite, Apt. #, etc.
23 MIAMI FL
24 33169 25 DADE
26 E SAME
27 City & State
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 11/17/1992
4. FEI Number: 65-0370179
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
OSBORN, BEATRICE I
951 BELLE MEADE IS
MIAMI FL 33138

10. Name and Address of New Registered Agent
81 Name: BEATRICE I OSBORN
82 Street Address (P.O. Box Number is Not Acceptable): 411 ISLE OF CAPRI
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33301

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: *Beatrice I Osborn*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, BEATRICE I	12 NAME	
STREET ADDRESS	951 BELLE MEADE IS.	13 STREET ADDRESS	411 ISLE OF CAPRI
CITY-ST-ZIP	MIAMI FL 33132	14 CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, ROBERT P.	22 NAME	
STREET ADDRESS	951 BELLE MEADE IS.	23 STREET ADDRESS	411 ISLE OF CAPRI
CITY-ST-ZIP	MIAMI FL 33132	24 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	ST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, BEATRICE I	32 NAME	
STREET ADDRESS	951 BELLE MEADE IS	33 STREET ADDRESS	411 ISLE OF CAPRI
CITY-ST-ZIP	MIAMI FL 33138	34 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE		41 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		51 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		61 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: *Beatrice I Osborn* 9-24-98 305-12-1111

CR2E034 (10/97)