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

PROFIT CORPORATION ANNUAL REPORT

1998



Signature, typed or printed name of registered agent and title if applicable

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

P93000060582 (2)

R. TALBOTT, INC.

FILED
May 08 1998 8:00am
Secretary of State

				BIIII BAIRI BIIBI IBIIA ISA IBBI
Principal Place of Business	Mailing Address		C (00)(00) IN INION IIIII ANIII ANIII ANIII	01111 00101 01103 18310 1804 1801
-5307-NE-12TH AYE- -BAY-C-3- FT-LAUDERDALE-FL-33334	2520 SE 5TH CT P ompano Beach FL 33062 US		DO NOT WRITE IN THIS	SPACE
US			3. Date Incorporated or Qualified 08/30/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 803 SW ZND ST	26 900 E. ATLAN	TITC BLVD	65-0432924	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 SUTTE 17		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 FT LANDERDALE FL	City & State POMPAND B	EACH FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33312 25 USA	Zip Co 29 33060 30	untry USA	Torochart roperty Tax ado cano co.	Yes ZNo
9. Name and Address of Current Registered Agent 10. Na			10. Name and Address of New Registered	Agent
STUPARITZ, ALAN D.		81 Name		
2520 SE 5TH OT POMPANO BEACH PL 3 3062		Street Address	eet Address (P.O. Box Number is Not Acceptable)	
		83 S UI	TE 17	
			PANO BEACH FL	85 Zio Code 33060
 Pursuant to the provisions of Sections 607.050. office or registered agent, or both, in the State agent. I am familiar with, and accept the obligir 	of Florida. Such change was authorize	ed by the corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PSTO 1.1 TITLE TITLE TALBOTT, ROBERT NAME 1.2 NAME TZ QUS 708 S. RIVERSIDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS FL 33312 -Pompano Beach fl CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City-St-ZiP CITY-ST-ZIP Change DELETE 3.1 TITLE ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

(NOTE Registered Agent signature required when reinstating)

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 arrival 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 owan attachment with an address.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

954-783-5030

4-2-58

Change

Addition