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

FILED PROFIT Mar 26 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P95000036462 (6) HHH, INC. Principal Place of Business Mailing Address 2295 CORPORATE BLVD. P.O. BOX 5010 BOCA RATON FL 33431-0810 **SUITE 222** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 05/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0579168 21 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 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 222** В3 **BOCA RATON FL 33431** 84 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, typoid or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELET**E** Change ___ Addition TITLE 1.1 TITLE **NORTON HERRICK** 1.2 NAME NAME 2295 CORPORATE BLVD, NW, SUITE 222 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 City-St-ZIP DVAS DELETE VAJ Addition TITLE 2.1 TITLE **HOWARD HERRICK** NAME 2.2 NAME 20 COMMUNITY PL STREET ADDRESS 2.3 STREET ADDRESS MORRISTOWN N 2. 4 CITY - ST- ZIP CITY-ST-ZIP DVAS DELETE Addition TITLE 3.1 TITLE VAS MICHAEL HERRICK NAME 3.2 NAME 2295 CORPORATE BLVD, NW, SUITE 222 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET AODRESS

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6.4 CITY-ST-ZIP 14. Thereby 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 of suppliemental 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 composition of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or one in dilactor and with an address.

STREET ADDRESS CITY-ST-ZIP