

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 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 # P95000038773 (4)  
 1. Corporation Name  
 1611 EUCLID AVENUE, INC.



Principal Place of Business: 503 12TH STREET SUITE 5 MIAMI BEACH FL 33139 US  
 Mailing Address: 503 12TH STREET SUITE 5 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1611 EUCLID AVE  
 Suite, Apt. #, etc. 22 ONE  
 City & State 23 MIAMI BEACH, FLA.  
 Zip 24 33139 Country 25 DADE

2a. Mailing Address  
 26 1611 EUCLID AVE  
 Suite, Apt. #, etc. 27 ONE  
 City & State 28 MIAMI BEACH, FLA.  
 Zip 29 33139 Country 30 DADE

3. Date Incorporated or Qualified: 05/16/1995  
 4. FEI Number: 65-0606633 Applied For: Not Applicable  
 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  
 REGENTS PARK PROPERTY, INC.  
 503 12TH STREET SUITE 5 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable) #1  
 83  
 84 City MIAMI BEACH FL 85 Zip Code 33139

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: MALLORY KAUDERER DATE: 9/25/98  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAUDERER, MALLORY	
STREET ADDRESS	503 12TH STREET, SUITE 5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1611 EUCLID AVE, #1
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200002656212
5.4 CITY-ST-ZIP	-10/06/98-01006-007
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***150.00
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: MALLORY KAUDERER DATE: 9/25/98

CR2E034 (5/98)

# REGENTS PARK PROPERTY

INCORPORATED

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9/24/98

Division of Corporations  
Annual Reports Filings  
409 East Gaines Street  
Tallahassee, Fl. 32399

Dear Sir,

**re: 1611 Euclid Avenue, Inc. FEI# 65-0606633**

Please find enclosed completed corporate annual report and check.

We have moved offices twice this year, and never received the first notice concerning the annual fee due. I left a staff member to deal with notifying your office of this problem, but it was never done. I will certainly lose my position due to this oversight if my employer is required to pay the \$550 now due. Could you please accept the normal \$150 filing fee.

Thanking you in anticipation.

Yours Faithfully,



Donita Leavitt