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

FILED Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #
1. Corporation Name S00104 (7) 436, INC. Principal Place of Business Mailing Address 2295 CORPORATE BLVD. N.W. 2295 CORPORATE BLVD. N.W. **SUITE 222 SUITE 222** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 09/17/1990 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0214469 26 Not Applicable 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes ∏ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HERRICK, NORTON 2295 CORPORATE BLVD NW #222 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON 33431** 83 **B4** City 85 Zip Code F۱ 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PDS 7 **PDS** DELETE Change Addition TITLE 1.1 TITLE NAME HERRICK, NORTON 1.2 NAME 2295 CORPORATE BLVD NW STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CiTY-ST-ZIP CITY-ST-ZIP Change **VDAS** □ DELETE V AS Addition TITLE 2.1 TITLE NAME HERRICK, HOWARD 2.2 NAME 20 COMMUNITY PL STREET ADDRESS 2.3 STREET ADDRESS MORRISTOWN N CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition **VDAS** DELETE VAJ TITLE 3.1 TITLE HERRICK, MICHAEL NAME 3.2 NAME 2295 CORPORATE BLVD NW STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP VDT DELETE Addition 4.1 TITLE NAME HERRICK, EVAN 4. 2 NAME 20 COMMUNITY PL STREET ADDRESS 4.3 STREET ADDRESS MORRISTOWN N 4.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP

DELETE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lat report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in it with an address.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information st indicated on this annual report or tup officer or director of the corporation of Block 12 or Block 13 if changed, of a

Change

56/24/9880

Addition