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May 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 # P 40827 (8) 1. Corporation Name BLOCK BUYING GROUP INC. BLOCK VISION, INC. N/C 5/7/97			
Principal Place of Business 621 NW 53RD ST SUITE 600 BOCA RATON, FL 33487 US		Mailing Address PO BOX 310703 BOCA RATON, FL 33431-0703 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: [Signature] (NOT: Registered Agent's signature required when reinstating) DATE: [Date]			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT NAME: BLOCK, MICHAEL P. STREET ADDRESS: 621 NW 53RD ST CITY-ST-ZIP: BOCA RATON, FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: CD NAME: BLOCK, MICHAEL P. STREET ADDRESS: 621 NW 53RD ST CITY-ST-ZIP: BOCA RATON, FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: SD NAME: GRISWOLD, E. BULKELEY STREET ADDRESS: 355 RIVERSIDE AVE CITY-ST-ZIP: WESTPORT, CT		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: D NAME: SHACKLEFORD, KELLY STREET ADDRESS: 270 PARK AVE., 5TH FLOOR CITY-ST-ZIP: NEW YORK, NY		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: D NAME: JONES, SCOTT STREET ADDRESS: 1251 AVE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, N.Y.		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
		300002512493 -05/06/98--01012--005 ***150.00	
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: [Signature]		4/24/98 561-989-8100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	

CR2E034 (10/97)