
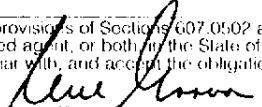


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

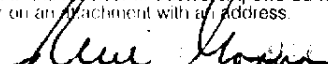
PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J62412 (8) 1. Corporation Name FLORIDA ATLANTIC STOCK TRANSFER, INC.			
Principal Place of Business 5701 N. PINE ISLAND ROAD STE #3108 TAMARAC FL 33321 US		Mailing Address 5701 N. PINE ISLAND ROAD SUITE 310A TAMARAC FL 33321 US	
2. Principal Place of Business 21 7130 NOB HILL ROAD Suite, Apt. #, etc. 22 City & State 23 TAMARAC FL Zip 24 33321 Country 25 BROWARD		2a. Mailing Address 26 7130 NOB HILL ROAD Suite, Apt. #, etc. 27 City & State 28 TAMARAC FL Zip 29 33321 Country 30 BROWARD	
9. Name and Address of Current Registered Agent FARRELL, JAMES E. 5701 N. PINE ISLAND ROAD TAMARAC FL 33321		10. Name and Address of New Registered Agent 81 Name RENE GARCIA 82 Street Address (P.O. Box Number is Not Acceptable) 7130 NOB HILL ROAD 83 84 City TAMARAC FL 85 Zip Code 33321	
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  RENE GARCIA PRESIDENT 4/24/98 Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRELL, JAMES 5701 N PINE ISLAND RD TAMARAC FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7130 NOB HILL ROAD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, RENE 5701 N PINE ISL RD #322 TAMARAC FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7130 NOB HILL ROAD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/18/1987	
4. FEI Number 59-2818374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 or person 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:  4/24/98

CP2E034 (10/97)