

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005702 (2)**

1. Corporation Name

ACCESS NOW, INC.



Principal Place of Business 400 SOUTH POINTE DR., STE. 501 MIAMI BEACH FL 33139	Mailing Address P.O. BOX 398688 MIAMI BEACH FL 33239
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3. Date Incorporated or Qualified 10/08/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable

2. Principal Place of Business 407 LINCOLN ROAD	2a. Mailing Address P.O. BOX 398688
21. Suite, Apt. #, etc. PENTHOUSE SOUTHEAST	26. Suite, Apt. #, etc.
22. City & State MIAMI BEACH, FLA.	27. City & State MIAMI BEACH, FLA.
23. Zip 33139	28. Zip 33239
24. Country DADE	29. Country DADE

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent STEVENSON, ROSLYN L AVENTURA CORPORATE CENTER 20801 BISCAYNE BLVD., STE. 400 AVENTURA FL 33180	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PRESIDENT & DIRECTOR	<input type="checkbox"/> DELETE
NAME EDWARD S. RESNICK	
STREET ADDRESS 400 S. POINT DR. STE 1004	
CITY-ST-ZIP MIAMI BEACH, FLA 33139	
TITLE VICE PRESIDENT & DIRECTOR	<input type="checkbox"/> DELETE
NAME MARILYNN BLOOM	
STREET ADDRESS 20 ISLAND AVE. - APT. 308	
CITY-ST-ZIP MIAMI BEACH, FLA 33139	
TITLE VICE PRESIDENT & DIRECTOR	<input type="checkbox"/> DELETE
NAME STEVE RILEY	
STREET ADDRESS 915 N.W. 1ST AVENUE	
CITY-ST-ZIP MIAMI, FLA 33130	
TITLE MERRY BUI & DIRECTOR	<input type="checkbox"/> DELETE
NAME SECRETARY	
STREET ADDRESS 1925 BRICKELL AVE. - APT. D-1117	
CITY-ST-ZIP MIAMI, FLA 33129	
TITLE TREASURER & DIRECTOR	<input type="checkbox"/> DELETE
NAME MICHAELA SPEISER	
STREET ADDRESS 1522 SAN IGONACIO - STE. #4	
CITY-ST-ZIP CORAL GABLES, FLA 33146	
TITLE RECORDING SECRETARY	<input type="checkbox"/> DELETE
NAME PHYLLIS RESNICK & DIRECTOR	
STREET ADDRESS 400 S. POINTE DR. APT 1004	
CITY-ST-ZIP MIAMI BEACH, FLA 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)