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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P95000091213 (5)

rincipal Place of Business	Mailing Address
700 SOUTHEAST HILLMOOR DRIVE	1700 SOUTHEAST HILLMOOR DRIVE
ORT ST. LUCIE FL 34952	PORT ST. LUCIE FL 34952

FILED Jul 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2420810 26 Not Applicable 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 Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year intaggible Personal Property Tax due June 30. Yes No Zip Country Zip 24 25 29 30 Personal Property Tax due June 30. ∐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WERTHEIMER, DAVID E M.D. 1700 S.E. HILLMOOR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 84 City Zip Code 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) CR2E034 (5/98) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE 1 1 TITLE DELETE ___ Change ___ Addition WERTHEIMER, DAVID NAME 1.2 NAME 1700 SOUTHEAST HILLMOOR DRIVE STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE ___ DELETE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 311III.F TITLE DELETE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE ___ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

CITY-ST-ZIP

7/2/98