FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** CORPORATION FILED ANNUAL REPORT 99 JUN 17 PH 3: 17 J00044254 DOCUMENT # CE CHETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Maiting Address REINSTATEMENT98-0 2. Principal Place of Business NI 2a. Mailing Address Applied For 65-0670480 21 1944 / Suite, Apt. #, etc 19441 NE Not Applicable Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State

MIAMI City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 8. This corporation owes the corrent year Intangible 33179 Personal Property Tax [] Yes **X**No 10. Name and Address of New Registered Agent Name SAME JEFFREY. D. SCOTT, 19441 NE 22ND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 83 N. MIAM, BEACH, FL 33179 84 85 Zip Code FL 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. 31, 1999 SIGNATURE March CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS [] DELETE TITLE PRESIDENT 1 1 TITLE 1 Change JEFFREY D JEFFREY D SCATFORD NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH, FL 33179 CITY-ST-ZIP 1.4 CITY-ST-ZIP TI Change [| Addition TITLE 21 TITLE 2.2 NAME NAME -01154---009 2.3 STREET ADDRESS STREET ADDRESS ****900.00 ****900.00 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE [| Change [] Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADORESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE [] Change [] Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP [] DELETE [] Change 51 TITLE ET Addition TITLE 52 NAME NAME 5 9 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6 1 TITLE DELETE [] Change [] Add tion TITLE 62NAME NAME STREET ADDRESS 6.3 STREET ADORESS 64 CITY-ST-ZIP 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 cert fy that the in plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I the receive nor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appe indicated on this annual report or subjection of the corporation of

SIGNATURE: - 48