

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

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **351846** (1)
1. Corporation Name
INACTIVE CORPORATIONS, INC.

Principal Place of Business % MORRIS J. WATSKY, ESO. 700 N.W. 107TH AVENUE MIAMI FL 33172	Mailing Address % MORRIS J. WATSKY, ESO. 700 N.W. 107TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/08/1969	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-1275889 Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J., ESO. 700 NW 107TH AVENUE MIAMI FL 33172		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALEDA, M.E.	3.2 NAME	Malcolm, Waynewright
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	3.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, ROBERT G.	4.2 NAME	Pe Kor, J. Allan
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	4.3 STREET ADDRESS	700 NW 107 Ave.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, E. KATHLEEN	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART A	6.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen E. Sierra* **Kathleen E. Sierra 1/8/98 229-6400**

CR2E034 (10/97)