


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

FILED

Apr 09 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 # **365570** (1)

1. Corporation Name
PENSION MASTER OF FLORIDA, INC.

Principal Place of Business 2841 HOLLYWOOD BLVD SUITE 107 HOLLYWOOD FL 33020 US	Mailing Address 2841 HOLLYWOOD BLVD SUITE 107 HOLLYWOOD FL 33020 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1970	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1301050	
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	

2. Principal Place of Business 21 2841 Hollywood Blvd Suite, Apt. #, etc. 22 No Suite # City & State 23 Zip 24 Country 25	2a. Mailing Address 26 2841 Hollywood Blvd Suite, Apt. #, etc. 27 No Suite # City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent HOREVITZ, MARK 2841 HOLLYWOOD BLVD SUITE 107 HOLLYWOOD FL 33020	
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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	There is no Suite #
84 City	FL 85 Zip Code

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 **NIA** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CD ANKNER, RAYMOND
STREET ADDRESS	180 E. PEARSON
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	P HOREVITZ, MARK
STREET ADDRESS	2841 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	STD HANSEN, JOHN JR.
STREET ADDRESS	801 MONROE AVENUE N.W.
CITY-ST-ZIP	GRAND RAPIDS MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X John E Hansen** 2/14/98 (616) 459-1050

CR2E034 (10/97)