

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90054 032 \*\*\*150.00

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|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 376062

1. Corporation Name  
H. FENSTER & SONS, INC.

Principal Place of Business  
8200 W SUNRISE BLVD  
SUITE D-5  
PLANTATION FL 33322  
US

Mailing Address  
8200 W SUNRISE BLVD  
SUITE D-5  
PLANTATION FL 33322  
US

DO NOT WRITE IN THIS SPACE

|                                    |                                    |
|------------------------------------|------------------------------------|
| 2. Principal Place of Business     | 2a. Mailing Address                |
| 21 9041 N. LK. DASHA DR            | 26 9041 N. LK. DASHA DR            |
| 22 Suite, Apt. #, etc.             | 27 Suite, Apt. #, etc.             |
| 23 City & State<br>PLANTATION, FLA | 28 City & State<br>PLANTATION, FLA |
| 24 Zip<br>33324                    | 29 Zip<br>33324                    |
| 25 Country<br>USA                  | 30 Country<br>USA                  |

|  |                                 |
|--|---------------------------------|
| 3. Date Incorporated or Qualified<br>01/25/1971  | Applied For<br>Not Applicable   |
| 4. FEI Number<br>59-1325830  |                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required. |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees     |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                 |

9. Name and Address of Current Registered Agent

FENSTER, HENRY  
7460 NW 6TH ST  
PLANTATION FL 33317

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   |    |

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 Henry Fenster  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-25-99

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PD FENSTER, SANFORD             | 1.2 NAME  |  |
| STREET ADDRESS             | 8200 W SUNRISE BLVD D5          | 1.3 STREET ADDRESS                                    | 9041 N. LK. DASHA DR   |
| CITY-ST-ZIP                | PLANTATION FL                   | 1.4 CITY-ST-ZIP                                       | PLANTATION, FLA 33324  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SD FENSTER, T. DARLEEN          | 2.2 NAME  |  |
| STREET ADDRESS             | 8200 W SUNRISE BLVD D5          | 2.3 STREET ADDRESS                                    | 9041 N. LK. DASHA DR   |
| CITY-ST-ZIP                | PLANTATION FL                   | 2.4 CITY-ST-ZIP                                       | PLANTATION, FLA 33324  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 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, with all other like empowered.

SIGNATURE: X

SANFORD FENSTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-24-99 305-538-8558  
Daytime Phone #

CR2E034 (11/98)