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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

724 SO. FLAGLER AVE.



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 406436

(6)

Mailing Address

724 SO. FLAGLER AVE.

EXPERTISE, INCORPORATED

## FILED Jan 20 1998 8:00am Secretary of State



P.O. DRAWER 310 HOMESTEAD FL 33040-0310		HOMESTEAD FL 33090-0310		DO NOT WRITE IN THIS SPACE				
us us				3. Date Incorporated or Qualified 08/08/1972				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For				
26				<b>59-1408326</b>   Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country	Zíp 29	Coun 30	itry	Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MICHAEL MARCUS								
317 NORTH KROME AVE. HOMESTEAD FL 33030			82	Street Address (P.O. Box Number is Not Acceptable)				
		[8	83					
		[8	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.

agent. Farm farming with, and accept the congations of, occord out tools, include characters.										
SIGNATURE ,	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: R	egistered Agent signature req	Julred when reinstaling)	DATE					
12.					FICERS AND DIRECTORS IN 12					
TITLE	PD DE	LETE	1.1 TITLE	,	Change	Addition				
NAME	BLAYLOCK,L H		1.2 NAME							
STREET ADDRESS	14995 SW 264TH ST		1.3 STREET ADDRESS							
CITY-ST-ZIP	HOMESTEAD FL		1,4 CITY-ST-ZIP							
TITLE	STO DE	LETE	2.1 TITLE		Change	Addition				
NAME	Blaylock, Josephine		2.2 NAME							
STREET ADDRESS	14995 SW 264TH ST		23 STREET ADDRESS							
CITY-ST-ZIP	HOMESTEAD FL		2, 4 CITY-ST-ZIP							
TITLE	DB	LETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE	☐ DE	LETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE	OBO DE	LETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			a				
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE	☐ DE	LETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS		1	6.3 STREET ADDRESS							
CITY-ST-ZIP	_	_	6.4 CITY-ST-ZIP							

14. Thereby certify that the information supplied with this filling 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 at reustee 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 or an attachment with an address?

SIGNATURE:

1/9/98 305-247-7355

(1801) +SOUZE