
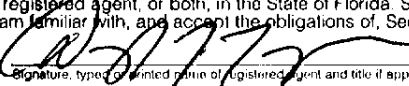


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

| | | | | | |
|--|--------------------------------------|--|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 426944 (5) 1. Corporation Name 70, INC. | | | | | |
| Principal Place of Business 2400 E. COMMERCIAL BLVD. SUITE #820 FORT LAUDERDALE FL 33308 | | | Mailing Address 2400 E. COMMERCIAL BLVD. SUITE #820 FORT LAUDERDALE FL 33308 | | |
| 2. Principal Place of Business 21 102 S. Main ST Suite, Apt. #, etc. 22 1 City & State 23 Alachua, Florida Zip 24 32615 Country 25 USA | | 2a. Mailing Address 26 P.O. Box 519 Suite, Apt. #, etc. 27 City & State 28 Alachua, Florida Zip 29 32615 Country 30 USA | | 3. Date Incorporated or Qualified 05/30/1973 | |
| 4. FEI Number 59-1695699 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$8.75 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent TOMPKINS, DARRYL J. 2400 E. COMMERCIAL BLVD. SUITE 820 FORT LAUDERDALE FL 33308 | | 10. Name and Address of New Registered Agent 81 Name Tompkins, Darryl J. 82 Street Address (P.O. Box Number is Not Acceptable) 102 S. Main ST 83 P.O. Box 519 84 City Alachua 85 Zip Code FL 32615 | | | |
| 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  DARRYL J. TOMPKINS 2/27/98 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | V | <input type="checkbox"/> DELETE | 1.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAST, RONALD | | 1.2 NAME | Last, Ronald | |
| STREET ADDRESS | 1766 COLONIAL DR | | 1.3 STREET ADDRESS | 13480 Oakmeade | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 1.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMPKINS, DARRYL J. | | 2.2 NAME | Tompkins, Darryl J. | |
| STREET ADDRESS | 2400 E COMMERCIAL BLVD., #820 | | 2.3 STREET ADDRESS | 102 S. Main Street | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2.4 CITY-ST-ZIP | Alachua, Florida 32615 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAST, WALTRAUD | | 3.2 NAME | | |
| STREET ADDRESS | 1766 COLONIAL DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 4.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAST, HANS | | 4.2 NAME | Last, Hans | |
| STREET ADDRESS | 1766 COLONIAL DRIVE | | 4.3 STREET ADDRESS | 13480 Oakmeade | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 4.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 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.

SIGNATURE  2/27/98 (Signature) 418-1000

CR2E034 (10/97)