FILE NOW: F	ILING FEE	AFTER	MAY 1ST	IS '	\$550.0	00
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FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)458911 LARRY A. LEWIS DEVELOPMENT CORP. Principal Place of Business Mailing Address 10211 W. SAMPLE RD. 10211 W. SAMPLE RD. SUITE 213 SUITE 213 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 07/31/1974 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1628625 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \mathbf{X} 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 Personal Property Tax due June 30. Yes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEWIS, LARRY 1855 EAGLE TRACE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 84 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ___ Addition PT 1.1 TITLE Change TITLE LEWIS, LARRY NAME 1.2 NAME 1855 EAGLE TRACE BLVD. 1,3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1,4 CITY-ST-ZIP ___ DELETE Change Addition TITLE 2.1 TITLE LEWIS, KAROL 2.2 NAME NAME 1461 GLENDEVONLANE APT 302 STREET ADDRESS 2.3 STREET ADDRESS DEL RAY BEACH FL 2, 4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 BE'ARBUHEDOREY SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CR2E034

Addition

Change