SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CITY-ST-ZIP

SIGNATURE:

In Block 12 or Block 13 if changed, or on an attachment with an address.

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** 513020 (8)1. Corporation Name EXECUCENTRE INTERNATIONAL, INC. Principal Place of Business Mailing Address 9574 HARDING AVE 9574 HARDING AVE SURFSIDE FL 33154 SURFSIDE FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1696246 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EVANCO, CAROL 9574 HARDING AVE 82 Street Address (P.O. Box Number is Not Acceptable) SURFSIDE FL 33154 83 Zip Code 85 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 required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST TITLE 1.1 TITLE DELETE Change Addition EVANCO, CAROL NAME 1.2 NAME 9940 COLLINS AVE STREET ADDRESS 1.3 STREET ADDRESS **BAL HARBOUR FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 21 TITLE DELETE ___ Change Addition NAME UNDERHILL, MARIE 22 NAME 1288 BROADBRIDGE AVE STREET ADDRESS 2 3 STREET ADDRESS STRATFORD CT CITY-\$T-ZIP 2.4 CITY-ST-ZiF TITLE 3.1 TITLE DELETE Change Addition EVANCKO, JOHN NAME 3.2 NAME P.O. BOX 11512 N/A STREET ADDRESS 3.3 STREET ADDRESS LAS VEGAS NH CITY ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition STEPHENS, ROBERT NAME 4.2 NAME **1939 W FLOWER** STREET ADDRESS 4.3 STREET ADDRESS **PHOENIX AR** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE L Change Addition NAME 6.2 NAME STREET ADORESS **63 STREET ADDRESS**

6.4 CITY-ST-ZIP

KKen!

FILED Aug 05 1998 8:00am

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 305 8655737