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

SIGNATURE

Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 566833 (0) ROSS PROPERTIES, INC. Principal Place of Business Mailing Address 2061 N.W. 2 AVE., UNIT 108 2061 N.W. 2 AVE., UNIT 108 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1978 2a. Mailing Address Place of Business FEI Number Applied For 59-1806704 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation was ar has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name HACKETT, JAMES S. 2061 N.W. 2ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE #108** 83 **BOCA RATON FL 33431** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 product name of resentened agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE ROSS, PETER J. 1.2 NAME NAME STREET ADDRESS 3665 NW 5 AVE 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HACKETT, JAMES S. 22 NAME NAME **800 HIBISCUS STREET** 2.3 STREET ADDRESS STREET ADORESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition TITLE DELETE 31 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby cortify 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 eath; that I am an officer or director of the colorate or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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