

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 586200 (8)
1. Corporation Name
RESEARCH FLORIDA, INC.



Principal Place of Business 4121 SW 47 AVE PO BOX 7056 DAVIE FL 33314 US	Mailing Address P.O. BOX 816938 PO BOX 3856 HOLLYWOOD FL 33081 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2269 S University Suite, Apt. #, etc. 22 430 City & State 23 DAVIE FL Zip Country 24 33324 25		2a. Mailing Address 26 P.O. Box 816938 Suite, Apt. #, etc. 27 City & State 28 Hollywood FL Zip Country 29 33081 30		3. Date Incorporated or Qualified 09/12/1978	
		4. FEI Number 59-1852312		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent YOUNG, PAUL ESO. GOLDBERG&YOUNG, PA. 1630 N. FEDERAL HWY. FT. LAUDERDALE FL 33305		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	BEUTHIEN, GINNY.	1.2 NAME	
STREET ADDRESS	409 WILLOWOOD PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPIN SC	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME	DANKO, GERALD	2.2 NAME	
STREET ADDRESS	913 WILLOWOOD PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADIN SC	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Ginny Beuthien* 4-17-98 954-9166-4880

CR2E034 (10/97)