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PROFIT CORPORATION



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Jan 14 1997 8:00am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 587737 (8) THOMAS E. SEWELL, C.P.A. P.A. Mailing Address Principal Place of Business 9080 PASADENA BLVD **8080 PASADENA BLVD** PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-3537 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1978 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1848519 Not Applicable 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 П 23 28 Trust Fund Contribution Added to Fees Country Zιμ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name sewell, thomas e. 8080 PASADENA BLVD. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL LP 33024 83 Zin Code 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. Stgr at ire, typed or protect cause of registeres agent and fire it applicable INOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE SEWELL. THOMAS E. NAME **1.2 NAME** 6080 PASADENA BLVD.. 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 CITY - ST - 7IP CHY-ST-2IE Change Addition DELETE 2.1 THILE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHTY - ST - ZIP CHY-ST-ZIP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 34 CITY-ST-ZIP C:TY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREEL ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition TITLE 5.1 THUE 52 NAME NAME 5.3 STREET ADDRESS -STREET ADDRESS CHTY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Addition 6.1.7ITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do heroby 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 comporation 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 12 or Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

Thomas E. Sewell

954 432.3102

FILED

(96/6)