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

14. I hereby certify that the information supplied with this fill indicated on this annual report or supplemental annual

officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

FILED Jan 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)674164 CHAPMAN MARSHALL, INC. Principal Place of Business Mailing Address 7440 S.W. 117TH ST 7440 S.W. 117TH ST. C/O CHAPMAN MARSHALL C/O CHAPMAN MARSHALL DO NOT WRITE IN THIS SPACE MIAMI FL 33156 MIAMI FL 33156 3. Date Incorporated or Qualified 06/18/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2006291 26 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 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARSHALL, CHAPMAN 7440 S.W. 117TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 84 City Zip Code 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Addition Change TITLE 11 TITLE MARSHALL, CHAPMAN MARGARET NAME 1.2 NAME MARSHALL CR2E034 5.60. 111 STREE 7440 S.W. 117TH ST. 11233 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP MIAML DELETE Change Addition TITLE 2.1 TITLE 2,2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE Change Addition NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CUTY - ST - ZIP 4.4 CITY - ST - ZIP TITLE __ DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CNTY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition MAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information mental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an a receiver for trustae empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

IRED PRESIDENT

JAN 15 1996

(305)235-1175