

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

FILED

Feb 12 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 # 696498 (5)  
1. Corporation Name  
EXECUTIVE - 100 - INC.

Principal Place of Business % EXECUTIVE 100 INC. POB 24435 FT LAUDERDALE FL 33307	Mailing Address % EXECUTIVE 100 INC. POB 24435 FT LAUDERDALE FL 33307
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2114194		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAY, GEORGE  
2840 FOXHALL DRIVE EAST  
WEST PALM BEACH FL 33417

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PSD	MAY, GEORGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2840 FOXHALL DRIVE EAST		13 STREET ADDRESS	
WEST PALM BEACH FL		14 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 650-4633

CR2E034 (10/97)