

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

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **833128** (2)  
1. Corporation Name  
**ALTUF CORPORATION, INC.**

Principal Place of Business <b>270 SW 31ST ST FT. LAUDERDALE FL 33315 US</b>	Mailing Address <b>270 SW 31 ST FT. LAUDERDALE FL 33315 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>10/01/1974</b>	4. FEI Number <b>54-0916025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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 <b>MIGDALL, ALLAN M 270 SW 31ST STREET FT. LAUDERDALE FL 33315</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
---	--

10. Name and Address of New Registered Agent
--

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>MIGDALL, ALLAN M</b>
STREET ADDRESS	<b>1515 SE 11TH ST</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>SAMUELS, BYRON Y</b>
STREET ADDRESS	<b>409 CROATAN HILLS DR</b>
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>JACOBSON, JOEL C</b>
STREET ADDRESS	<b>119 50TH STR</b>
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>BAIN, KENNETH</b>
STREET ADDRESS	<b>2329 ST BRIDES RD W</b>
CITY-ST-ZIP	<b>CHEASPEAKE VA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>VP.S. D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Howard Schulman</b>
2.3 STREET ADDRESS	<b>4625 EAST PRINCESS ANNE</b>
2.4 CITY-ST-ZIP	<b>NORFOLK, VIRGINIA 23502</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Allen Migdall* *VP.* *April 24, 1998 (9TH) C24-0200*

CR2E034 (10/97)