FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE Jul 31 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 211 North Union St. #350 DO NOT WRITE IN THIS SPACE Alexandria, VA 3. Date Incorporated or Qualified Applied For 2. Principal Place of Business 2a. Malling Address 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees ΖIρ Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. Pine Island Road 82 Street Address (P.O. Box Number is Not Acceptable) 83 Plantation, FL 33324 11. Fursuant 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 of registered eyent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as application of the statement of the purpose of changing its registered eyent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a point registered eyent, or both, and accept the obligation of Section 607.0505, Florida Statutes. BABARA A. BURKE Joes Lara SPECIAL ASSISTANT SECRETARY ting) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE sident 1.1 TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE Change Addition NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP TITLE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP **20000256665** -08/03/98--01092--030 TITLE 6.1 TITLE NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP thereby 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 proportion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that ranged, er on an attachment with an address. gat. Stevenson