

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

FILED
Apr 28 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 # **F61870** (4)
1. Corporation Name
THE INFORMATION CRAFTSMAN, INC.



Principal Place of Business P O BOX 80-0636 MIAMI FL 33280 US	Mailing Address P O BOX 80-0636 MIAMI FL 33280 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PO BOX 80-0636		2a. Mailing Address 26 PO BOX 80-0636		3. Date Incorporated or Qualified 01/25/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2170162	
City & State 23 AVENTURA, FL.		City & State 28 AVENTURA, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33280		Zip 29 33280		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 US		Country 30 US		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 SCHWARTZ, TERENCE S 141 NE 3 AVE. STE. 801 MIAMI FL 33132				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOROD, RENEE			1.2 NAME	BOROD, RENEE		
STREET ADDRESS	19195 NE 36 CT #610			1.3 STREET ADDRESS	19195 NE 36 CT -#610		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	AVENTURA, FL. 33180		
TITLE	PDT	<input type="checkbox"/> DELETE		2.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOROD, PHILIP A			2.2 NAME	BOROD, PHILIP		
STREET ADDRESS	19195 NE 36 CT #610			2.3 STREET ADDRESS	19195 NE 36 CT -#610		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	AVENTURA, FL. 33180		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **Philip Borod** PHILIP BOROD, PRES. 4/12/98 3059352930

CR2E034 (10/97)