

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

FILED

**May 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 # F92000000131 (4)

1. Corporation Name
THE MEDLEY GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10910 NW SOUTH RIVER DR STE 1004 MIAMI FL 33178 US	Mailing Address 10910 NW SOUTH RIVER DRIVE STE 1004 MIAMI FL 33178 US
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3. Date incorporated or Qualified 11/06/1992	4. FEI Number 65-0366464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 1100 Ponce De Leon Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 144257 Suite, Apt. #, etc.
22 City & State 23 CORAL GABLES FL	27 City & State 28 Coral Gables, FL
24 Zip 33134	25 Country DADE
29 Zip 33114-4257	30 Country DADE

9. Name and Address of Current Registered Agent

**ROSEN EYE-
33 NE 2ND ST-
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name **MAUNARD HELLMAN, ESQ.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1100 Ponce De Leon Blvd
 83
 84 City **CORAL GABLES FL** 85 Zip Code **33134**

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 of 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]* DATE **4-16-98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PRESS, ROBERT 1000 WILLIAMS ISLAND BLVD #250 PARKLAND FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDELSON, STEVEN L 8702 COLONIAL ROAD BROOKLYN NY 11209	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SCHREIBER, ALYCE 244 THREE ISLAND BLVD #307 HALLANDALE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PDT PRESS, ROBERT D 3000 Island Blvd, #1603 North Miami Beach, FL 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP AND SECRETARY SCHREIBER, ALYCE 2500 Parkview Drive, #315 Hallandale, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* **V.P. Alyce Schreiber** 4-27-98 305-448-6002

CP2E034 (10/97)