


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90106 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000131**

1. Corporation Name  
**THE MEDLEY GROUP, INC.**



Principal Place of Business 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134 US	Mailing Address POB 144257 CORAL GABLES FL 33114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>150 South Pine Islands Rd</b> Suite, Apt. #, etc. 22 <b>Suite 500</b> City & State 23 <b>Plantation FL</b> Zip 24 <b>33324</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>150 South Pine Islands Rd.</b> Suite, Apt. #, etc. 27 <b>Suite 500</b> City & State 28 <b>Plantation, FL</b> Zip 29 <b>33324</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>11/06/1992</b>	4. FEI Number <b>65-0366464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HELLMAN, M**  
**1100 PONCE DE LEON BLVD**  
**CORAL GLABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>150 SOUTH PINE ISLAND ROAD</b>
83	<b>Suite 500</b>
84 City	<b>Plantation</b>
85 State	<b>FL</b>
86 Zip Code	<b>33324</b>

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	PDT	<input type="checkbox"/> DELETE
NAME	<b>PRESS, ROBERT</b>	
STREET ADDRESS	<b>3000 ISLAND BLVD, 1603</b>	
CITY-ST-ZIP	<b>NMB FL 33160</b>	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	<b>SCHREIBER, ALYCE</b>	
STREET ADDRESS	<b>2500 PARKVIEW DR, 315</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>V.S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ALYCE SCHREIBER</b>	
2.3 STREET ADDRESS	<b>208 THREE ISLANDS BLVD #306</b>	
2.4 CITY-ST-ZIP	<b>HALLANDALE, FL 33009</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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Alyce Schreiber* **4-29-99** **954-577-9225**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)