

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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998 AMENDED		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000082 (8)			
1. Corporation Name WEEKS/MUSGROVE CORPORATION			
Principal Place of Business 1602 EAST DIXIE DR. ASHEBORO, NC. 27204		Mailing Address 3155 N.W. 77TH AVENUE MIAMI FL 33067	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		25	
26		29	
27		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
PRESIDENT H. DENNIS EDWARDS 1602 EAST DIXIE DR. ASHEBORO, NC 27204		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
VICE-PRESIDENT ISMAEL PERERA 3155 N.W. 77TH AVENUE MIAMI, FL 33122-1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
VP & TREASURER EDWIN D JOHNSON 3155 N.W. 77TH AVENUE MIAMI, FL. 33122-1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
CORP. SECRETARY NANCY J DAMON 3155 N.W. 77 TH AVENUE MIAMI, FL 33122-1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
VICE PRESIDENT CARLOS A. VALDES 3155 N.W. 77TH AVENUE MIAMI, FL 33122-1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
DIRECTOR JORGE MAS 3155 N.W. 77TH AVENUE MIAMI, FL 33122-1205		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Nancy J. Damon</i>		05/07/1998 (305) 599-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)