

FILED
May 15 1998 8:00am
Secretary of State

100-443887-100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1994	
4. FEI Number 31-0871565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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	
10. Name and Address of New Registered Agent	
Address (P.O. Box Number is Not Acceptable)	
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 of agent	(NO!) Registered Agent's signature required when reinstating	DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, LEX H		1.2 NAME
STREET ADDRESS	1015 S. 50TH ST.		1.3 STREET ADDRESS
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, BETTY Y		2.2 NAME
STREET ADDRESS	1015 S. 50TH ST.		2.3 STREET ADDRESS
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, MARVIN		3.2 NAME
STREET ADDRESS	1015 S. 50TH ST.		3.3 STREET ADDRESS
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, LANCE		4.2 NAME
STREET ADDRESS	1015 S. 50TH ST.		4.3 STREET ADDRESS
CITY - ST - ZIP	TAMPA FL 33619		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 supplemental to this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harwin Goldenberg 5-1-98

CR2E034 (10/97)