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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000002988 (3)

FOUNTAIN COURT MANAGEMENT CORP.

## FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2100 HWY 35. STE A 2100 HWY 35. STE A SEA GIRT NJ 08750 SEA GIRT NJ 08750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 22-3294395 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zφ Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEE. FELIX H 2600 9TH STREET NORTH STE 600 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33704 83 84 City 85 Zip Codo 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 rogistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 THUE TITLE TAWIL, RALPH NAME 1.2 NAME 19707 TURNBERRY WAY STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TOTLE 2.1 TITLE TAWIL, SAUL NAME 2.2 NAME 1100 OCEAN AVENUE STREET ADDRESS 23 STREET ADDRESS **ELBERON NJ** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 UTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-ZiP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY+ST-7IP

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 supplimental annual report is true and accurate any 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 expiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attrichment with a address.

2/2/98

(22)391-0120