FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Oct 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS F94000006161 (3) DOCUMENT # **CUMBERLAND BROKERAGE CORPORATION** Principal Place of Business Mailing Address 614 LANDIS AVE P.O. BOX 663 VINELAND NJ 08360 VINELAND NJ 08360 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 52-1694636 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has pald the current year Intangible Yes □ No 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name goldberg, sheldon e UNIT B-509 L'ELEGANCE ON LIDO BEACH 82 Street Address (P.O. Box Number is Not Acceptable) 1800 BENJAMIN FRANKLIN DRIVE 83 SARASOTA FL 34236 84 City 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) CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE Change Addition L__ DELETE **GOLDBERG, SHELDON E** NAME 1.2 NAME B-509 1800 BENJAMIN FRANKLIN DRIVE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition BRUCE, ELLYN H NAME 2.2 NAME 11945 E. BARBARY COAST RD. STREET ADDRESS 2.3 STREET ADDRESS TUCSON AZ 85749 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME **GÖLDBERG, ANTONIA A** 3.2 NAME **B-509 1800 BENJAMIN FRANKLIN DRIVE** STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4 1 TITLE TITLE Change Addition BENEFIELD, TERRY A. 4.2 NAME 2233 PARK AVE., STE. 304 STREET ADDRESS 4.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 4.4 CITY-\$1-ZIP TITLE 5.1 TITLE DELETE ___ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE: 3/2/1000 12 601-696-3400