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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000066 (8)

RICHARD WONDER & ASSOCIATES. INC. Mailing Address Principal Place of Business 2400 E. LAS OLAS BLVD., #282 2400 E. LAS OLAS BLVD., #282 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3830519 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WONDER, RICHARD 2400 E. LAS OLAS BLVD., #282 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 City Zip Code 85 ns of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered it, 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, and accept the obligations of Suption 607.0505, Florida statutes. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TOTE F WONDER, RICHARD 1.2 NAME NAME 2400 E. LAS OLAS BLVD., #282 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33301 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TOTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information explained 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 is supplemental annual report is two 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 copy ration of the receiver or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my raime appears in Block 12 or Block 13 if opposed, dyon an apacipropit with an address.

SIGNATURE:

FILED

Mar 25 1998 8:00am

Secretary of State