


FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90023 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>F98504242 F98000009242</i>			
1. Corporation Name <i>Nick Dana Enterprises, Inc</i>			

560848 - 90075 - 15

Principal Place of Business <i>2545 NW 3rd ave</i> <i>Miami, FL 33127</i>	Mailing Address <i>2545 NW 3rd ave</i> <i>Miami, FL 33127</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>2545 NW 3rd ave</i> Suite, Apt. #, etc.		2a. Mailing Address 26 <i>2545 NW 3rd ave</i> Suite, Apt. #, etc.		4. FEL Number <i>65-0844727</i>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <i>Miami</i>		27 City & State <i>Miami</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip <i>Florida</i> 25 <i>33127</i>		29 Zip <i>Florida</i> 30 <i>33127</i>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>Brenda Hacker</i> <i>1500 NW 49 St. # 608</i> <i>Ft. Lauderdale, FL 33309</i>		10. Name and Address of New Registered Agent 81 Name <i>Cary Nabors</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>8362 Pines Blvd. Ste 291</i> 83 84 City <i>Pembroke Pines</i> FL 85 Zip Code <i>33024</i>	
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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

Cary Nabors

(NOTE: Registered Agent signature required when reinstating)

DATE

05/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Denny Shub</i> <i>6302 NW 23rd St.</i> <i>Boca Raton, FL 33434</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>President</i> <i>Denny Shub</i> <i>6302 NW 23rd St.</i> <i>Boca Raton, FL 33434</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<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)(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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*X 4-30-99**X 305-576-5155*

CR2E034 (11/98)