

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F99377 (6)

1. Corporation Name  
ARTHUR KORFAGE, INC.

Principal Place of Business  
1831 NW 33RD ST.  
POMPANO BCH. FL 33064

Mailing Address  
1831 NW 33RD ST.  
POMPANO BCH. FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 SW St. Lucie Crescent Suite, Apt. #, etc. 22 — City & State 23 Stuart, FL Zip 24 34994		2a. Mailing Address 26 901 SW St. Lucie Crescent Suite, Apt. #, etc. 27 — City & State 28 Stuart, FL Zip 29 34994		3. Date Incorporated or Qualified 09/13/1982		3a. Date of Last Report 04/16/1996	
Country 25 Martin		Country 30 Martin		4. FEI Number 59-2253696		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> no \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> no \$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <del>HOMER, JEFFREY B.</del> <del>200 SE 1ST ST.</del> <del>MIAMI FL 33131</del> Deborah E. Korfage 901 SW St. Lucie Crescent Stuart, FL 34994				10. Name and Address of New Registered Agent 81 Name Deborah E. Korfage 82 Street Address (P.O. Box Number is Not Acceptable) 901 SW St. Lucie Crescent 83 — 84 City Stuart 85 Zip Code FL 34994			
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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 Deborah E. Korfage Deborah E. Korfage, Treasurer 7/29/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PD
NAME	KORFAGE, ARTHUR (S)	1.2 NAME	Armida Korfage
STREET ADDRESS	6530 VIA ROSA	1.3 STREET ADDRESS	c/o 556 SW Rustic Circle
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	VP	2.1 TITLE	
NAME	KORFAGE, ARMIDA	2.2 NAME	
STREET ADDRESS	6530 VIA ROSA	2.3 STREET ADDRESS	c/o 556 SW Rustic Circle
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	DS	3.1 TITLE	
NAME	WARREN, P. T.	3.2 NAME	
STREET ADDRESS	11310 NW 37TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Deborah E. Korfage DEBORAH E. KORFAGE drb7 (su) 286-7032

CR2E034 (4/97)