FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (1)H61045 TISKET-A-TASKET, INCORPORATED Principal Place of Business Mailing Address 10307 ROYAL PALM BLVD. 10307 ROYAL PALM BLVD. CORAL SPRINGS FL -88876-CORAL SPRINGS FL 86076 DO NOT WRITE IN THIS SPACE 33065 33065 3. Date Incorporated or Qualified 06/10/1985 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 26 59-2536054 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 CARMODY, MELISSA 10307 ROYAL PALM BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 80076 83 33065 84 City 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 607.0506, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE TITLE 1.1 TITLE CARMODY, MELISSA NAME 1.2 NAME CR2E034 1300 SE 7TH AVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TiTLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME fi.2 NAME

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 in changed, or or an attachment with an address SIGNATURE

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP