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).

Jul 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)1. Corporation Name STRAIGHT WIRE, INC. Principal Place of Business Malling Address STEVEN HILL % STEVEN HILL 1909 HARRISON STREET #208 HOLLYWOOD FL 33020 1909 HARRISON STREET #208 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 09/12/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2586136 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 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HILL, STEVEN 1909 HARRISON ST.,#208 Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33020 83 Zip Code 84 City F 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CPD TITLE DELETE 1.1 TITLE Change Addition HALL. STEVEN NAME 1.2 NAME 1909 HARRISON ST.,#208 STREET ADDRESS 1.3 STREET ADORESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITL€ Change Addition NAME HILL. GOLDIE **2.2 NAME** 1909 HARRISON ST #208 STREET ADDRESS 2.3 STREET ADDRESS HÖLLYWOOD FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE 3.1 TITLE Change LOELETE Addition NAME 3.2 NAME Jeffenen st STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZiP TITLE 4.1 TITLE DELETE 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 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 antistiment with an address.

SIGNATURE:

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (5/98

FILED