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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998

FILED Mar 16 1998 8:00am Secretary of State

ii corportino		(7)			
MAOF	INC.				
Principal Place	e of Business	Mailing Address		{	0/8 6 0/ 0 0 \$ 0 3 0 00
BROAD & CA	SSEL	BROAD & CASSEL			
7777 GLADES RD. #300		7777 GLADES RD. #300		DO NOT WRITE IN THIS SPACE	
BOCA RATON FL 33434 US		BOCA RATON FL 33434 US		3. Date Incorporated or Qualified	
00		00		09/30/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2639391	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		D. Settinodic of States Debited	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country		Added to Fees
24	25	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
12-71	9. Name and Address of Current		1001	10. Name and Address of New Registe	
DF	UTCH, JEFFREY		81 Name		
PROAD & GAGGE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
7777 GLADES RD. #300				, , , , , , , , , , , , , , , , , , ,	
BOCA RATON FL 33434			83		
-			84 City		85 Zip Code
					F L _ _
11, Pursuant office or r agent. La	to the provisions of Sections 607 0502 egistered agent, or both, in the State c im familiar with, and accept the obligat	and 607.1508, Florida Statuli f Florida: Such change was a ions of, Section 607.0505, Flo	es, the above-named corpora authorized by the corpora orida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	September 1997 and the				
12.			Flogistered Agent signature request 13.	ired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PDS	DELETE	1.1 TITLE	7.00/110/10/01/1/1020 TO OFFICERIO	Change Addition
NAME	POMERANTZ, SAUL		1.2 NAME		•
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	TVD	☐ DELETE	2.1 TITLE		Change Addition
NAME	GATTINGER, FRANKLIN J.		2.2 NAME		J
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT ROYAL QC		2.4 CITY-ST-ZIP		
TITLE	VASD	L) DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POMERANTZ, TERRY		3 2 NAME		
STREET ADDRESS	8600 DECARIE BLVD., SUITE 2		3 3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	TOWN OF MOUNT ROYAL OC	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4.2 NAME		ויסוניסונים ביים מפויס ביים
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-ST-ZiP		1
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		·
CITY - ST - ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	06 10.07(0)(0.5.	
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I hereby certify that the information supplied with this filling 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.

March 1, 1998 (514) 341-8600

SIGNATURE: