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Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07458 (9)

1. Corporation Name
NYLE RESEARCH & DEVELOPMENT CORP.

Principal Place of Business Mailing Address
% RICHARD N. FRIEDMAN SUITE 209 % RICHARD N. FRIEDMAN SUITE 209
9200 SO DADELAND BLVD #612 9200 SO DADELAND BLVD #612
MIAMI FL 33156 9655 SO. DIXIE HWY. MIAMI FL 33156 9655 SO. DIXIE HWY.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 SUITE 209 26 SUITE 209
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 9655 SO. DIXIE HWY. 27 9655 SO. DIXIE HWY.
City & State City & State
23 MIAMI, FL 28 MIAMI, FL
Zip Country Zip Country
24 33156 25 USA 29 33156 30 USA

3. Date Incorporated or Qualified
04/03/1986
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FRIEDMAN, RICHARD N.
9200 SO DADELAND BLVD - 9655 SO. DIXIE HWY.
SUITE 012-209
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 209
83 9655 SO. DIXIE HWY.
84 City MIAMI FL 85 Zip Code 33156

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 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP NYLE, SAMUEL 72 CENTER ST. BREWER ME
D LEWIS, DONALD C. 72 CENTER ST. BREWER ME
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: Samuel Nyer Samuel Nyer 2/17/98 207-989-4885

CP2E034 (10/97)