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

FILED Mar 31 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 #
1. Corporation Name (5) KEN PYBUS BROKERAGE, INC. Principal Place of Business Mailing Address P O BOX 1359 P O BOX 1359 POMPANO BCH. FL 33061 POMPANO BCH. FL 33061 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1986 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For Terminal Bldg. Office 7 P.O. BOX 1359 59-2691738 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Pompano Beach / F/. \Box 5. Certificate of Status Desired Pompano Beach, Fl. Fee Regulred \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Bro ward 25 Bro Ward 29 3306 Name and Address of Current Registered Agent 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 PYBUS, KEN 2240 DISCOVERY CIR W Street Address (P.O. Box Number is Not Acceptable) 82 **DEERFIELD BEACH FL 33442** 83 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DP DELETE Addition TITLE 1.1 TITLE PYBUS, KEN NAME 1.2 NAME P O BOX 1359 N/A STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 1.4 CiTY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY+S1-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

14. 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

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP

6.3 STREET ADDRESS

Change

Addition

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME