FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J58300 LARRY J. MARCUS, P.A. Principal Place of Business Mailing Address % LARRY J. MARCUS PO BOX 3432 1515 N. FEDERAL HWY. STE 300 BOCA RATON FL 33427 1515 N. FEDERAL HWY. STE 300 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432** 3. Date Incorporated or Qualified US 02/17/1987 2. Principal Place of Business 2a. Mailing Address Applied For 59-2774498 Not Applicable 21 1/1301 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 /Acm Name and Address of Current Registered 10. Name and Address of New Registered Agent 81 Name MARCUS, LARRY J. 1515 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 300 BOCA RATON FL 33432** DIA ATON 11. Pursuant to the provisions of Soctions 697.0502 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 egistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE 12 NAME MARCUS, LARRY J. VISOI POWERLINE BD W31V 1515 N. FEDERAL HWY #300 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TIT1 F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 6.2 NAME

14. I hereby certify that the information supplied with the 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 formal 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 of 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 or as attachment with an address.

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

561-862-4951