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

**FILED** May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)J73306 PAUL J. SEPANCY & ASSOC., INC. Principal Place of Business Mailing Address % PAUL J. SEPANCY % PAUL J. SEPANCY 1848 NW 109 AVE 1848 NW 109 AVE DO NOT WRITE IN THIS SPACE **PLANTATION FL 33322** PLANTATION FL 33322 3. Date Incorporated or Qualified 05/15/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0035525 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Ziρ 8. This corporation owes or has paid the current year Intangible Yes Yes □Ño 24 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SEPANCY, PAUL J. 1848 NW 109 AVE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33322 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 printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE SEPANCY, PAUL J. NAME 1.2 NAME 1848 NW 109 AVE STREET ADORESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME SEPANCY, KERI 2.2 NAME 1848 NW 109 AVE STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE FOX, ALICE NAME 32 NAME 3601 INVERRARY DR. . STREET ADDRESS 3.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE MAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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 supplimental himidal port 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 composition or the recompt or yis tee impowered 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 attack there with an address.

STREET ADDRESS

SIGNATURE: