


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K06358 (1)

1. Corporation Name
E.J. FISHBURN COMPANY, INCORPORATED

Principal Place of Business
120 E OAKLAND PK BLVD
SUITE 105
FT LAUDERDALE FL 33334
US

Mailing Address
1031 W TROPICAL WAY
PLANTATION FL 33317
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1987	4. FEI Number 65-0025999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1040 W. TROPICAL WAY
22 City & State	27 PLANTATION, FL
23 Zip	28 33317
24 Country	29 USA

9. Name and Address of Current Registered Agent FISHBURN EMMA J 1031 W TROPICAL WAY PLANTATION FL 33317	10. Name and Address of New Registered Agent 81 Name Emma J. Fishburn 82 Street Address (P.O. Box Number is Not Acceptable) 1040 W. TROPICAL WAY 83 84 City PLANTATION FL 85 Zip Code 33317
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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 agent 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 *Emma J. Fishburn, President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P. Fishburn, EMMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHBURN, EMMA J.		1.2 NAME	
STREET ADDRESS 1031 W TROPICAL WAY	Address change only →	1.3 STREET ADDRESS 1040 W. TROPICAL WAY	
CITY-ST-ZIP PLANTATION FL		1.4 CITY-ST-ZIP PLANTATION, FL 33317	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHBURN, CHARLES F.		2.2 NAME Fishburn, Charles F	
STREET ADDRESS 1031 W. TROPICAL WAY	→ Address change only →	2.3 STREET ADDRESS 1040 W. TROPICAL WAY	
CITY-ST-ZIP PLANTATION FL		2.4 CITY-ST-ZIP PLANTATION FL 33317	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Emma J. Fishburn, President* 1-13-98 954-7929255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0289209

CR2E034 (10/97)