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

PROFIT

SIGNATURE:

FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)M. FLEISCHER, INC. Principal Place of Business Mailing Address % MARILYN FLEISCHER % MARILYN FLEISCHER 825 EGRET CR #205 825 EGRET CR #205 DO NOT WRITE IN THIS SPACE DELRAY BCH FL 33445 DELRAY BCH FL 33445 3. Date Incorporated or Qualified 07/11/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2010 Homewood BLUD. tomewood BLUD 26 65-0100143 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 514 5. Certificate of Status Desired SUITE Fee Required City & State **\$5.00** May Be 6. Election Campalgn Financing Delnay 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FLEISCHER, MARILYN 825 EGRET CR #205 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BCH FL 33445 83 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 applicat (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. m-2 DELETE 1.1 TITLE Change Addition TITLE SAMe NAME FLEISCHER, MARILYN 1.2 NAME CR2E034 BLUB. # 514 5637 PACIFIC BLVD, #2907 Homewood STREET ADDRESS 1.3 STREET ADDRESS 33445 Delray Bch, PL **BOCA RATON FL** CITY - ST - ZIF 1,4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TIDE NAME 3.2 NAME 3,3 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIE F 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

FILED

(501)265-3941