FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K56278 (0)IS & DG ENTERPRISES, INC. Principal Place of Business Mailing Address 2005 S. BAYSHORE DR 2005 3. BAYSHORE DI SUITE M-103 SUITE M-103 DO NOT WRITE IN THIS SPACE **GOODNUT CROVE FL 22123** OOCONUT GROVE FL 331: 3. Date Incorporated or Qualified 01/05/1989 4. FEt Number 2. Principal Place of Business 2a. Mailing An Applied For 59-2926761 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARS, IRWIN S. 2605 S. BAYSHORE DR 82 SUITE M-103 83 DOCONUT GROVE FL 98189 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 shange 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 607.0507, Florida Statutes. SIGNATURE OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE GARS, IRWIN S. 1.2 NAME NAME 2665 S. BAYSHORE DR M103 STREET ADDRESS 1.3 STREET ADDRESS **OCCONUT-CROVE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITUE NAME GARS, DIANNE 2.2 NAME **2005 S. BAYSHORE DR M10**3 2.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL** CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE

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14. Thereby 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 of 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.

6.4 CITY - ST - ZIP

dillen

6.2 NAME 6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS