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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (3)LICARI ENTERPRISES, INC. Mailing Address Principal Place of Business 3590 S SR 7 #7 5632 SW 57 PLACE DAVIE FL 33314 MIRAMAR FL 33023

FILED Mar 09 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 89 TEAR 2161 NW. 65-0117074 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing embruke Pines Trust Fund Contribution Added to Fees 23 Zıp Country This corporation owes or has paid the current year Intangible 5 Yes Personal Property Tax due June 30. □ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LICARI, KELLY M 5632 SW 57 PLACE Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33314** 83 84 Zip Code 3302 9 Peri Broke 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 fimiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 Change Addition DELETE TITLE 1.1 TITLE LICARI, ANTHONY M. NAME 1.2 NAME 2161 NW 89 TERR STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE LICARI, DOLORES 2.2 NAME NAMÉ STREET ADDRESS 2161 NW 89 TERR 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 supplemental arrival report is frue and accurate and that my signature shall have the same legal effect as if made under eath; 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:

3-2-98 954/ 436-7935