


FILED

Apr 27 1998 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # L18370 (1)</p> <p>1. Corporation Name REEL WIFE CORPORATION</p>		

Principal Place of Business	Mailing Address
6073 N.W. 167TH STREET SUITE C-5 MIAMI FL 33015 US	6073 N.W. 167 STREET #C-5 MIAMI FL 33015-4314 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 09/22/1989		
4. FEI Number 65-0150356	Applied For	
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent		81	Name
SANDBERG, NEAL L. ATTORN 2650 DISCAYNE BLVD 2ND FLOOR MIAMI FL 33137		82	Street Address
		83	City
		84	State

10. Name and Address of New Registered Agent

LEGAL INFORMATION SERVICES, INC.
(P.O. Box Number is Not Acceptable)
PESTON ROAD, STE.300

FL 85 Zip Code
33326

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, principal office and 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Signature: Ellen Pilelsky Ellen Pilelsky, Pres. of LIS, INC. 4/30/98
(NOTE: Registered Agent signature required when reinstating) DATE

12.		OFFICERS AND DIRECTORS
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOSS, DAVID M.	
STREET ADDRESS	9 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MONTELONGO, SYLVIA	
STREET ADDRESS	9 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONNORS, ROBERT M.	
STREET ADDRESS	4700 PIERCE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33154
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33154
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33021
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, on an attachment with an address.

CP2E034 (10/97)