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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # AMERICAN PATENT GROUP, INC. (8)

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O FLEMING, O'BRYAN & FLEMING, P.A. C/O FLEMING, O'BRYAN & FLEMING, P.A. 500 EAST BROWARD BLVD. 500 EAST BROWARD BLVD. FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0152215 26 Not Applicable 21 Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Ζip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLEMING, O'BRYAN & FLEMING, P.A. 500 EAST BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) BROWARD FINANCIAL CENTRE 17TH FL FORT LAUDERDALE FL 33394 83 84 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 applicable red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition 1,1 TITLE TITLE PACKO, JO ANNE NAME 1.2 NAME 1233 NE 16TH AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PACKO, BETTE T. NAME 2.2 NAME 1233 N.E. 16TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE 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 Change Addition TITLE 4.1 TITLE

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.

4. 2 NAME

S.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

SIGNATURE:

DELETE

DELETE

Change

Change

Addition

Addition