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

FILED Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)PATRICIA A. PROBST REALTY, INC. Principal Place of Business Mailing Address 120 E. OAKLAND PARK BLVD 120 E. OAKLAND PARK BLVD. #105 #106 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 3. Date Incorporated or Qualified 02/27/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0174209 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zıp Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PATRICIA A ROBST 150 E OAKLAND PARK BLVD #105 Street Address (P.O. Box Number is Not Acceptable) R2 FT LAUDERDALE FL 33334 83 84 City 85 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. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE TITLE 1.1 TITLE Change Addition PROBST, PATRICIA A NAME 1.2 NAME 120 E. OAKLAND PARK BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP 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 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 supplicmental 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 exponation 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 Wang d. or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELFTE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

0301413

Change

Addition