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

SIGNATURE:

Jun 19 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # PRODUCHONS Principal Place of Business 2185-S. CONGRESS AVE 2185 S. CONOREGO AVE. SHITE-4A-SHITE-4A DO NOT WRITE IN THIS SPACE W PACM BEACH FL W-PALM BEACH FL 33406 3. Date Incorporated or Qualified 06/13/1991 2. Principal Place of Business 4. FEI Number 65-0190 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property 1ax due June 30. 29 10. Name and Address of New Registered Agent 81 Name CINGARI, SUSAN 82 83 84 City 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 registere office or registered agent, or both, in the State of Lorida, 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 607,0506, Florida Statutos. SIGNATURE Signature, typical or printed many of respected agent and title it approable (NOTE: flegistered Agent signature required when reinstating) DATE CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELÊTE Addition Change TITLE 11 TOTAL SUSAN CINGARI 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-74 Change Addition TITLE 2.1 11111 5003 wheatley ct NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Lantana, FL CITY - \$1 - 21P 2. 4 CITY - \$1 - ZIP TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DE LETE 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CHY-ST-ZIP OFLETE Change TITLE 6.1 TITLE Addition 400002567**1**74 NAME 6.2 NAME -06/22/98- 01008 -040 STREET ADDRESS 6.3 STREET ADDRESS ***150.80 64 City-ST-ZIP CITY-ST-ZIP 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 furry indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if my officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and

FILED