SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

## Jul 09 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** L92162 (1)H. GROSS, INC. Principal Place of Business Mailing Address 20815 NE 16TH AVENUE. #17 20815 NE 16TH AVENUE, #17 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0218620 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CANTOR, SHERYL A. 81 Name 17971 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 211 N MIAMI BEACH FL 33160 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE (2/38)OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition GROSS, HYMAN **CR2E034** NAME 1.2 NAME 800 NE 195 STREET, #218 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE \_\_ Change \_\_ Addition GROSS, MARILYN NAME 2.2 NAME 800 NE 195 STREET, #218 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE \_\_\_ Change \_\_\_ Addition **GROSS, DANIEL** NAME 3.2 NAME 800 NE 195 STREET #218 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change Addition \_\_\_ DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 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 applicate 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 of 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 ghi an attachment with an address

**FILED**