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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95821

(9)

Mailing Address

1730 N. 55TH AVE.

HOLLYWOOD FL 33021-3834

PAUL L. FEINSMITH, P.A.

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business

1730 N. 55TH AVE.

US

HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 3a, Date of Last Report 08/10/1990 04/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0214019 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 X 23 28 Trust Fund Contribution Added to Fees Country Žφ Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FEINSMITH, PAUL L. 81 Name 1730 N. 55TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signer are typical or proced the enclosing potential advantaged title of suphreable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PSTD DELETE TOTAL 1 1 TITLE Change Addition FEINSMITH, PAUL L. NAME 1.2 NAME 1730 N 55 AVE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DEL ETE 2 1 TITLE Change Addition THILE NAM: 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY: ST-ZiF DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP DELETE THEF 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certly 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 corp ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name