File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris DIVISION OF CORPORATIONS ANNUAL REPORT 1999 Secretary of State DIVISION OF CORPORATIONS 99 JUL 19 PM 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000711** 1a. Principal Place of Business Address STATEWIDE INVESTMENTS L C 1720 HARRISON STREET #7B 1720 HARRISON STREET #7B HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mallino Address 07/02/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0681586 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ziρ Country Country 58.75 Additional Fee Required 03/02/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent STEINBERG, HOWARD 1720 HARRISON STREET #7B Street Address (P.O. Box Number la Not Acceptable) HOLLYWOOD FL 33020 SCOOLSBERY WASSING Suite Apl. #. etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM STEINBERG, HOWARD 1720 HARRISON STREET #7B HOLLYWOOD FL 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the Information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. 954 423 8359 SIGNATURE: HOWARD

SIGNATURE AND TYPED OR PRINTED NAM

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