File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris **ANNUAL REPORT** FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 16 PH 1: 03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Short had broken Name and Mailing Address of Limited Liability Company TALLAHASSEE, FLORIDA **DOCUMENT #** L96000001067 COLANGELO, STONE & TEMPCHIN ASSOCIATES L.C 1a. Principal Place of Business Address 1130 S. POWERLINE ROAD 1130 S. POWERLINE ROAD DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/10/1996 FI. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0700847 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zφ Country \$8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office STONE, BARRY 1130 S. POWERLINE ROAD Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 Suite, Apt. #, etc. City Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when reinstation 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM STONE, DONNA J 8782 NW 75TH COURT TAMARA FL COLANGELO, JOSEPH NGRM 2484 NW 66TH DRIVE BOCA RATON FL NGRM TEMPCHIN, LEONARD 7600 NW 87TH WAY TAMARAC FL npopo2849750--**L** -(14/23/99--01082--024) ****188,75 ****188,7**5** 14.20 99 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 | I further 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

IGNATURE AND TYPED OFFERITY ENAME OF SIGNING MAZAGING MEMBER CITAMANATIFE

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attachment with an address.

SIGNATURE: