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

Feb 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)M22602 WARREN THOMPSON, INC. Principal Place of Business Mailing Address 6730 N.W. 20 ST. 8730 N.W. 20 ST. MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1985 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2647769 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THOMPSON, WARREN 6730 N.W. 20 ST. Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 **B3** City 84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of regestered agent and title if in plicate (NOTE: Registered Agent signature 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE PTD THOMPSON, WARREN 1.2 NAME NAME 6730 N.W. 20 ST. 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE THOMPSON, PAULA NAME 2.2 NAME STREET ADDRESS 6730 N.W. 20 ST. 2.3 STREET ADDRESS MARGATE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-21P DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

02-21-98

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 further certify that the information indicated on this annual report or suppliemental 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 corporation or 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 on an attachmon with an address.

STREET ADDRESS CITY-ST-ZIP FILED