SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE Oct 07 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** Secretary of State 1998 DOCUMENT # N34822 (9)OUR FATHER'S BUSINESS, INC. Principal Place of Business Malling Address % BROWN, GREGORY BROWN, GREGORY 3. Date Incorporated or Qualified 215 SW 12TH ST 215 SW 12TH ST 10/23/1989 DANIA FL 33004-4229 DANIA FL 33004-4229 4. FEI Number Applied For 65-0153793 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional X 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 27 22 7. Is this nonprofit corporation a homeowner association? City & State City & State 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Zip Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Brown, Gregory C 62 Street Address (P.O. Box Number is Not Acceptable) 215 SW 12 ST 83 DANIA FL 3300 Zip Code R4 City 85 11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE DELETE STEWART, BRIAN P. BRÓWN, CANDELARIA, 1.2 NAME NAME 1745 N. ASHBROOK GIRGLE 215 SW 12 ST. 1.3 STREET ADDRESS STREET ADDRESS Masa, AZ 85203 **DANIA FL 33004** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE ERLSTEN, CECILE M 2.2 NAME NAME 3101 NE 47 CT 2.3 STREET ADDRESS STREET ADORESS FT LAUDERDALE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP PISTT X Change DELETE 3.1 TITLE TITLE BROWN, GREGORY 3.2 NAME BRÔWN GREGORY, NAME |215 SW 12 ST. 3.3 STREET ADDRESS STREET ADDRESS DANIA, FL 33004-4224 DAMA FL 33004-4229 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME RICHITELLI, SCOTT NAME 7766 PANAMA ST 4.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33021 4.4 CITY-ST-ZIP CITY-ST-ZIP Change 5.1 TITLE Addition TITLE DELETE WOLF, RICHARD 52 NAME NAME 2932 N. 33 TERRACE 5.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS

SIGNATURE: .

CITY-ST-ZIE

Brown BIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. GREGORY BROWN 9-28-98

6.4 CITY-ST-ZIP

(2/98)