

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08115 (8)
1. Corporation Name
CITATION PRODUCTS, INC.

Principal Place of Business 21441 BRIDGEVIEW DRIVE BOCA WOODS BOCA RATON FL 33428	Mailing Address 21441 BRIDGEVIEW DRIVE BOCA WOODS BOCA RATON FL 33428
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 301 ASBURY WAY Suite, Apt. #, etc. 22 City & State 23 BOYNTON BEACH FLA. Zip 24 33426 Country 25 PALM BEACH	2a. Mailing Address 26 301 ASBURY WAY Suite, Apt. #, etc. 27 City & State 28 BOYNTON BEACH FLA Zip 29 33426 Country 30 PALM BEACH	3. Date Incorporated or Qualified 11/15/1985 4. FEI Number 38-1716359 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

GAINES SAUL R
21441 BRIDGE VIEW DR
1
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 Saul R. Gaines DATE 2/15/98
Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, ROBERT	1.2 NAME	
STREET ADDRESS	21441 BRIDGE VIEW DRIVE	1.3 STREET ADDRESS	301 ASBURY WAY
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOYNTON BEACH FLA 33426
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, SAUL R.	2.2 NAME	
STREET ADDRESS	21441 BRIDGE VIEW DR.	2.3 STREET ADDRESS	" " " " "
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLER, JOY	3.2 NAME	
STREET ADDRESS	21441 BRIDGE VIEW DR.	3.3 STREET ADDRESS	" " " " "
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Saul R. Gaines DATE 2/15/98 561 3748670

CR2E034 (10/97)