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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011887 (6)

MICHAEL LOVELADY, INC.

Principal Place of Business Mailing Address 3387 NW 151ST TER 3387 NW 151ST TER MIAMI FL 33054 MIAMI FL 33054

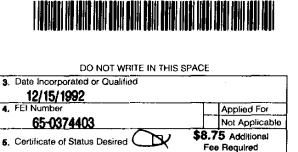
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2a. Mailing Address

Suite, Apl. #, etc.

FILED May 07 1998 8:00am Secretary of State



City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes - No 24 Personal Property Tax due June 30. 29 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LOVELADY, MICHAEL 3387 NW 151ST TER Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33054 83 84 City 85 Zip Code 11. Pursuant to the provisions of Socions 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 Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Add 1.1 TITLE TITLE LOVELADY, MICHAEL 1.2 NAME NAME 3387 NW 151ST TER STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33054 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE NAME 6.2 NAME

14. 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 supplied each structure 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 or an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP