


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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90082 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000024437

1. Corporation Name
NEXT DOOR COMPANY



Principal Place of Business 6555 NORTH POWERLINE RD SUITE 301 FT. LAUDERDALE FL 33309-2050	Mailing Address 6555 NORTH POWERLINE RD SUITE 301 FT. LAUDERDALE FL 33309-2050
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1993		4. FEI Number 65-0418808		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 1840 N Commerce Suite, Apt. #, etc. 22 PKwy #2 City & State 23 Weston FL Zip 24 33326	2a. Mailing Address 26 1840 N Commerce Suite, Apt. #, etc. 27 PKwy #2 City & State 28 Weston FL Zip 29 33326	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SCHECTER, JAMES 1350 N.W. 74TH ST. MIAMI FL 33147		10. Name and Address of New Registered Agent 81 Name John Schechter 82 Street Address (P.O. Box Number is Not Acceptable) 1840 N. Commerce Pkwy #2 83 84 City Weston FL 85 Zip Code 33326	
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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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME SCHECTER, JOHN		1.2 NAME	
STREET ADDRESS 6555 NORTH POWERLINE RD #301		1.3 STREET ADDRESS 1840 N. Commerce Pkwy #2	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP Weston FL 33326	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHECTER, JAMES		2.2 NAME	
STREET ADDRESS 1350 N.W. 74TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33147		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *[Signature]* **John Schechter** 2/22/99 954 772-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)