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

**FILED** PROFIT Feb 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortha ANNUAL REPORT Secretary State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000028761 (3) TIMBER RESOURCES LTD., INC. Principal Place of Business Mailing Address 13002 SW 120TH ST 13002 SW 120TH ST MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 04/20/1993 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 65-0408848 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SOKOLOW, BONNIE J 0 Cow 13061 SW 107TH ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33186** 0 83 84 City lam 607 1508, Ronda Statutes, the above-named corporation submits this statement for the purpose of changing its registered florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Seption 607,0505, Florida Statutes. Pursuant to the provisions of Sections 607.0502
office or registered agent, or both, in the State
agent. I am familial with, and accept the obligations. State (forida. ida Statute SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. 81015 DELETE 1.1 TITLE Change Addition TITLE DP SOKOLOW, MARK 1 2 NAME 13061 SW 107 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE SOKOLOW, MARK 2.2 NAME NAME 13061 SW 107TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CMY-ST-ZIE DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME 6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE: 1 Leck

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 a supplemental annual report is true annual rep 305 256-4000 98

Change

Addition