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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000034910 (8) DOCUMENT # 1. Corporation Name

TIME AFTER TIME INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3251 N DIXIE HWY 3251 N DIXIE HWY FT LAUDERDALE FL FT LAUDERDALE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 65-0396106 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip 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 Name RUDNICK, ROBERT 545 BAYSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) #5 83 FT LAUDERDALE FL 33304 84 City Zip Code 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. Fam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature: typed or printed name of repellered agent and title if applicable OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITL€ 1.1 TITLE RUDNICK, ROBERT NAME 1.2 NAME 545 BAYSHORE DR #5 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 217016 NICHOLS, JOHN NAME 2.2 NAME 2601 S. BAYSHORE DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 C/TY-ST-7IP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - Z)P DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREE1 ADDRESS CITY-ST-ZIP 5.4 C(TY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 as the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in