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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045308 (2)

JEFFREY M. PERLOW & ASSOCIATES, P.A.

Principal Place of Business Mailing Address 1820 E HALLANDALE BEACH BLVD 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009

FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0420393 Not Applicable Suite, Apl. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name PERLOW, JEFFREY M 1820 E HALLANDALE BEACH BLVD Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 11100 Addition TITLE PERLOW, JEFFREY M 1.2 NAME NAME 1820 E HALLANDALE BEACH BLVD STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 CITY - ST - ZIP 1.4 CUY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City-St-ZiP CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4 1 TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST-ZIP DILLIE Change Addition TITLE 5.1 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-\$1-ZIP DELFTE Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF

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

SIGNATURE: