

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 OCT 15 AM 8:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000061101(0)
 1. Corporation Name
 C.R.S. OF FT. LAUDERDALE, INC.

Principal Place of Business Mailing Address
 6721 S.W. 20 ST.
 FT. LAUDERDALE, FL. 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 6721 S.W. 20 ST. 26 Suite, Apt. #, etc.
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 23 City & State 28 City & State
 FT. LAUDERDALE, FL. 29 Zip 30 Country
 33317 25 BROWARD

3. Date Incorporated or Qualified
 8/31/93
 4. FEI Number Applied For
 65-0423753 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 SAME
 BARRY I FINKEL, Esq.
 404 E. ATLANTIC BLVD
 POMPANO BEACH, FL. 33060

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 10000266521--5
 83 City State Zip Code
 ***150.00 ***150.00
 FL 85 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 9/6/98

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARRETT, GLEN	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARRETT, DIANA	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARRETT, JAMES G.	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

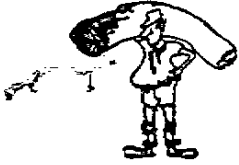
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Glen BARRETT	
1 3 STREET ADDRESS	6721 S.W. 20th ST.	
1 4 CITY-ST-ZIP	PLANTATION, FL 33317	
2 1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	DIANA BARRETT	
2 3 STREET ADDRESS	6721 SW 20th Street	
2 4 CITY-ST-ZIP	PLANTATION, FL 33317	
3 1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	JAMES G. BARRETT	
3 3 STREET ADDRESS	6721 SW 20th ST	
3 4 CITY-ST-ZIP	PLANTATION, FL 33317	
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
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. 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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #

CR2E034 (5/98)



C.R.S. OF FT. LAUDERDALE, INC.



November 1, 1997

Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

As of above date, C.R.S. of Ft. Lauderdale, Inc., Federal LD. # 65-0433753 has relocated to the following address:

6721 S.W. 20th Street
Plantation, Florida 33317

The new telephone number is (954) 791-0331.

Please adjust your records to reflect these changes.

Yours truly,

Diana Barrett
President

RDB/db

cc: Corporation File