СО	E NOW: FILING FEE PROFIT RPORATION UAL REPORT 1998	FLORIDA DE Sanda Sec	T IS \$550.00 PARTMENT OF STATE ra B. Mortham retary of State DF CORPORATIONS	FILE Jan 29 1998 Secretary	8 8:00am
JULES	CE OF BUSINESS	Mailing Address 2101 CORPORATE BI SUITE 101 BOCA RATON FL 334 US	LVD.	DO NOT WRITE IN TH	
2. Principal F 21 Suite, Apt. 22 City & Stat 23		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be 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. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent CUTLER, STEVEN W ESQ. 0NE BISCAYNE TOWER 81 Name Jules Pearlstine SUITE 3100 2605 N.W. 63rd_Street 83 Boca Raton, FL 33496 84 Baca Raton, FL 33496 84 City et al. (b) 25					
FL 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 agent, or berly, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familier with, and agreept the contraction 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature Signature registered agent and registered agent and the if applicable. (NOTE: Registered Agent signature regulied when reinstating) DATE					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARLSTINE, JULES 2605 NW 63RD STREET BOCA RATON FL		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		Change I Addition
NAME STREET ADDRESS CITY - ST - ZIP TITLE			4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change Addition
NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		L Change Addition
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 cath; 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 or an attachment with an address. SIGNATURE:					