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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000016074 1. Corporation Name New England Estate Buyers, Inc.			
Principal Place of Business 2749 E. Atlantic Blvd. Pompano Beach, FL 33062		Mailing Address: Same	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2749 E Atlantic Blvd Suite, Apt #, etc.		2a. Mailing Address 27 Same Suite, Apt #, etc.	
22 City & State 23 Pompano Beach FL		27 City & State 28	
24 33062 25 Broward		29 Zip 30 Country	
9. Name and Address of Current Registered Agent Allan Serchay CPA 5310 NW 33rd Ave #110 Ft. Lauderdale, FL		10. Name and Address of New Registered Agent 81 Name Anne Margolis 82 Street Address (P.O. Box Number is Not Acceptable) 83 1370 S. Ocean #1808 84 City Pompano Beach FL 85 33062	
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: Anne Margolis Signature (registered agent name if not listed agent name is applicable) (NOTE: Registered Agent signature required when consolidating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Vice President NAME Anne Margolis STREET ADDRESS 1370 S. Ocean Blvd #1808 CITY-ST-ZIP Pompano Beach, FL 33062		1.1 TITLE President 1.2 NAME Anne Margolis 1.3 STREET ADDRESS 1370 S. Ocean Blvd #1808 1.4 CITY-ST-ZIP Pompano Beach, FL 33062	
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		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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; that I am an officer or director of the corporation or the registered agent 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: Anne Margolis ANNE MARGOLIS (954) 785-0550 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)