

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

FILED
Jun 16 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 # P94000071846 (7)
 1. Corporation Name
FIVE - B, INC.



Principal Place of Business: **58 N.E. 7TH STREET MIAMI FL 33132**
 Mailing Address: **58 N.E. 7TH STREET MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1795 DAYTONA ROAD**
 Suite, Apt. #, etc.
 22
 City & State: **MIAMI BEACH FLORIDA**
 23
 Zip: **33141-1734** Country: **USA**
 24

2a. Mailing Address
 26 **1795 DAYTONA ROAD**
 Suite, Apt. #, etc.
 27
 City & State: **MIAMI BEACH FLORIDA**
 28
 Zip: **33141-1734** Country: **USA**
 29

3. Date Incorporated or Qualified
09/26/1994

4. FEI Number: **65-0530557**
 Applied For: 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
BLUMENSTINE, MARC E
58 N.E. 7TH STREET MIAMI FL 33132-1818
1795 DAYTONA ROAD MIAMI BEACH FLORIDA 33141 1734

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLUMENSTINE, MARC E	
STREET ADDRESS	1795 DAYTONIA ROAD	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VB	<input checked="" type="checkbox"/> DELETE
NAME	BLUMENSTINE, AIDA M	
STREET ADDRESS	1795 DAYTONIA ROAD	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VB	<input checked="" type="checkbox"/> DELETE
NAME	BLUMENSTINE, TAMMY	
STREET ADDRESS	1795 DAYTONIA ROAD	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VB	<input checked="" type="checkbox"/> DELETE
NAME	BLUMENSTINE, MARC L	
STREET ADDRESS	1851 N.W. 124TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VB	<input checked="" type="checkbox"/> DELETE
NAME	BLUMENSTINE, DAVID	
STREET ADDRESS	20401 N.E. 90TH AVE. UNIT 216	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-S-T P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	4000002562924	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/17/98-01054-048	
6.3 STREET ADDRESS	\$\$\$150.00	
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 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.

CR2E034 (10/97)