

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).

FILED

Jul 08 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 # P94000079904 (6)

1. Corporation Name
 FHAC BUILDING, INC.



Principal Place of Business

1700 BANKS ROAD
 MARGATE FL 33063

Mailing Address

1700 BANKS ROAD
 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

2. Principal Place of Business

21 36 MINNETONKA RD.
 Suite, Apt. #, etc.

2a. Mailing Address

26 36 MINNETONKA RD
 Suite, Apt. #, etc.

4. FEI Number
 65-0538836

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

City & State

23 SEA RANCH LAKES, FL

City & State

28 SEA RANCH LAKES, FL

Zip Country
 24 33308-2909 25 US

Zip Country
 29 33308-2909 30 US

9. Name and Address of Current Registered Agent

SOKOLOW, ELLIOT
 1700 BANKS ROAD
 MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

36 MINNETONKA ROAD

83

84 City

SEA RANCH LAKES, FL

85 Zip Code

33308-2909

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 *Elliot Sokolow*
Signature typed or printed name of registered agent and title if applicable

ELLIOT SOKOLOW PRESIDENT 7-2-98
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
 NAME SOKOLOW, ELLIOT P
 STREET ADDRESS 1700 BANKS ROAD
 CITY-ST-ZIP MARGATE FL DELETE

TITLE SD
 NAME SOKOLOW, ENYD L
 STREET ADDRESS 1700 BANKS ROAD
 CITY-ST-ZIP MARGATE FL DELETE

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS 36 MINNETONKA RD.
 1.4 CITY-ST-ZIP SEA RANCH LAKES, FL 33308-2909

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS 36 MINNETONKA RD
 2.4 CITY-ST-ZIP SEA RANCH LAKES, FL 33308-2909

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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; 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.

SIGNATURE: *Elliot Sokolow* ELLIOT SOKOLOW 7-2-98 (954) 785-2958

CR2E034 (5/98)