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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013261 (9)

PAISLEY GROUP, INC.

CHT-ST-ZIP

SIGNATURE: FRANCES GOLIGI

Principal Place of Business Mailing Address 380 SE 1 AVE 265 S FEDERAL HWY POMPANO BEACH FL 33060-7102 DANIA FL 33004 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1995 4. FEI Number 03/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suito, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **AMERILAWYER** 343 ALMERIA AVE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City 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. Soyuature. Typica or prested warrand registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 11 TITLE $T\Pi_{i}F$ **GOLIGHTLY-BURNS, FRANCES** 1.2 NAME NAME 360 SE 1 AVE 1.3 STREET ADDRESS STREET ADDRESS CHTY - \$1 - 74P POMPANO BEACH FL 33060 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE THE 2.2 NAME NAME. 2.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THUE 3.2 NAME NAV 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CiTY - ST - ZIP ■ DELETE Change Addition 4.1 TITLE THLE 4, 2 NAME NGME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City - ST - ZIP DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIF Addition DELETE TILLE 6.1 TITLE NAMÉ 6.2 NAME STREET ACORESS 6.3 STREET ADDRESS

64 CiTY-ST-ZIP 14. Too 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.