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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000020901 (1) DOCUMENT #

LAW OFFICES OF JOSEPH J. MANCINI, P.A.

Principal Place of Business Mailing Address 145 N.W. CENTRAL PARK PLAZA P.O. BOX 3744 FORT PIERCE FL 34948 SUITE 200 PT. ST. LUCIE FL 34986

FILED Feb 23 1998 8:00am Secretary of State



CR2E034 (10/97

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 145 NN Central PARKPLUZA 65-0568644 21 Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Suitedoo Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL П 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 SIMMONS, EVETT L. 145 N.W. CENTRA PARK PLAZA Street Address (P.O. Box Number is Not Acceptable) 62 SUITE 200 PT. ST. LUCIE FL 34986 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MANCINI, JOSEPH J NAME 1.2 NAME P.O. BOX 3744 N/A STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE FL 34948 CITY-ST-7IP 14 City-St-ZiP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY ST ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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:

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