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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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PROFIT ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT (Secretary of State DIVISION OF CORPORATIONS 1997 97 AUG 27 AM 8: 20 DOCUMENT # P95000028585 (4) SECRETARY OF STATE TALLAHASSEE, FLORIDA SMITH-DALY, P.A. Principal Place of Business Mailing Address 7800 W. OAKLAND PARK BLVD. 7800 W. OAKLAND PARK BLVD. **SUITE 9-303** SHITE B-303 SUNRISE FL 33351-6741 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1995 12/19/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 65-0571676 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SMITH, MICHELLE A MICHELLE 7800 W. OAKLAND PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable 6871 NW 7040 PLA SUITE B-303 NW 83 SUNRISE FL 33351 Zip Code 33067 City 85 ARKLAND 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 print diname of registered agreet and their applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE DELETE 1.1 TITLE Change Addition SMITH, MICHELLE NAME 1.2 NAME 7800 W. OAKLAND PARK BLVD., SUITE B-303 STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE 600002280576-²⁴ 600002280576-01123--009 DALY, CHRISTOPHER NAME 2.2 NAME 7800 W. OAKLAND PARK BLVD., SUITE B-303 STREET ADDRESS 2.3 STREET ADDRESS ****495,00 ****165.00 SUNRISE FL 33351 City-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZIP

14. I do 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 arrural 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 13 if changled, or on an attachment with an address.