

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

FILED
Mar 13 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 # P95000029117 (5)
1. Corporation Name
STEVE-N-REIS, INC.



Principal Place of Business 1440 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071	Mailing Address 1440 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1749 E. Hallendale Beach Blvd Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 SAMAS 2 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/13/1995 4. FEI Number 65-0589500 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

9. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 1290 WESTON RD, 214 FT LAUDERDALE FL 33326	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D REISER, DAVID	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 HALLENDALE BEACH BLVD	1.2 NAME	
STREET ADDRESS	HALLENDALE FL 33009	1.3 STREET ADDRESS	1749 E. Hallendale Beach Blvd
CITY-ST-ZIP	HALLENDALE FL 33009	1.4 CITY-ST-ZIP	Hallendale, FL 33009
TITLE	D REISER, LISA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 HALLENDALE BEACH BLVD	2.2 NAME	
STREET ADDRESS	HALLENDALE FL 33009	2.3 STREET ADDRESS	1749 E. Hallendale Beach Blvd
CITY-ST-ZIP	HALLENDALE FL 33009	2.4 CITY-ST-ZIP	Hallendale, FL 33009
TITLE	D KRUTT, STEVEN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 HALLENDALE BEACH BLVD	3.2 NAME	
STREET ADDRESS	HALLENDALE FL 33009	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLENDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my address.

SIGNATURE:  3/8/98 (954)454-113

CR2E034 (10/97)