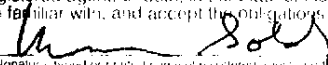


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 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 # P 95000032345 1. Corporation Name SOMETHING DIFFERENT OF BROWARD INC.			
Principal Place of Business 405 HAWK ST ROCKLEDGE FL 32955		Mailing Address 405 HAWK ST ROCKLEDGE FL 32955	
2. Principal Place of Business 21 405 HAWK ST Suite, Apt. #, etc. 22 SUITE 12 & 13 City & State 23 ROCKLEDGE FL Zip 24 32955		2a. Mailing Address 26 405 HAWK ST Suite, Apt. #, etc. 27 SUITE 12 & 13 City & State 28 ROCKLEDGE FL Zip 29 32955	
9. Name and Address of Current Registered Agent MORRIS GOLDBERG 1481 WELLINGTON CIR. ROCKLEDGE FL 32955		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  MORRIS GOLDBERG 4/27/98 Signature typed for profit name of registered agent and then applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME MORRIS GOLDBERG STREET ADDRESS 1481 WELLINGTON CIR CITY-ST-ZIP ROCKLEDGE FL 32955 TITLE SECRETARY/TREAS. NAME ROSALYN GOLDBERG STREET ADDRESS 1481 WELLINGTON CIR CITY-ST-ZIP ROCKLEDGE FL 32955 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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.		600002508496 -05/04/98--01003--002 ***150.00 4-30 JL	
SIGNATURE:  MORRIS GOLDBERG 4/27/98 405-634-5584 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)