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

PROFIT Jul 02 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthaffi ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P 95000049410 INC MORE Mail Principal Place of Business 2718 N STATE ROAD 7 2718 N STATE ROAD 74 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 6/20/95 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CATHERINE SERRONE 212 E. HEM NOWAY Street Address (P.O. Box Number is Not Acceptable) MARGATE 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. Severe SIGNATURE (NOTE: Registered Agen; signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PELETE Change Addition 1.1 TITLE TITLE JAMES BELL KATHLEEN BREEF 2718 N. STATE RAT PRESIDENT 1.2 NAME NAME 2718 N STATE RA 7 STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 MARGATE CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition 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 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6000025793**7**7 -07/02/98--01073--018 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 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 an address.

FILED

4/29/98