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

NAME

STREET ADDRESS

FILED May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000058361 (3) BALRAM, INC. Principal Place of Business Mailing Address 1050 10TH PLACE 1050 10TH PLACE VERO BEACH FL 32960 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1995 2. Principal Place of Business 2a. Mailing Address Applied for 21 65-060567.1 Not Applicable Suite, Apt. #, etc. Suite, Ant #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** LAMB, RICHARD L 1517 20TH ST 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32961-6704 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607-15.08. 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 Roida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TO LE BALRAM, DAVID D NAME 1.2 NAME 241-4200 N.W. 3RD CT 1.3 STREET ADDRESS STREET ADORESS **PLANTATION FL** 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE BALRAM, BILL H NAME 2.2 NAME 241-4200 N.W. 3RD CT STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2 4 CHY - \$1- ZIP DELETE Addition TITLE 3 1 1111/ NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. DITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 41 THEF Addition 4 2 NAMI NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY - \$1 - ZIP Addition DELETE 5.1.11111 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P CITY-ST-ZIP DELETE Change Addition 6111111 TITLE

14. Thereby 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 early 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 of a achment with an address

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME