FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE May 27 1997 8:00am CORPORATION Sandra B. Morthum **ANNUAL REPORT** Secretary of State Secretary of State ONOF CORPORATIONS BETSY B. STEIN ENTERPRISES DOCUMENT # Principal Place of Business Mailing Address 321 MADISON ST. 11/2000 FLA. 33020-5312. 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zin 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEIN 1 MADISON ST. #8 Street Address (P.O. Box Number is Not Acceptable) ywood, FLA 33020-53 12 13 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 hanging its registered office or registered agent, or both, in the State of Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am faciliar that and accept the obligations of Section 607.0505, Florida Statutes. it and title if applicable (NOTL Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE Change Addition TITLE Belsy B. STEIN NAME 1.2 NAME 1321 MADISON ST. #8 6/140000, FLA. 33020-53/2 13 STREET ADDRESS 14 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIŤLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP ___ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C/TY - \$1 - Z/P CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Addition 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition TITLE 100002206781 -06/10/97--01002--034 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS ***165.00 14. I do hereby certify that the information supplied with this filling 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 eath; 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

5/20/97 (954)927-1880