

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077730 (6)
 1. Corporation Name
THE MOD FOREST OF POMPANO BEACH, INC.



Principal Place of Business 8213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062	Mailing Address 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 E. ATLANTIC BLVD		2a. Mailing Address 26 900 E. ATLANTIC BLVD		3. Date Incorporated or Qualified 10/10/1995	
Suite, Apt. #, etc. 22 SUITE 17		Suite, Apt. #, etc. 27 SUITE 17		4. FEI Number 65-0612821	
City & State 23 POMPANO BEACH FL		City & State 28 POMPANO BEACH FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33060		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33060		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent TRAVERS, CHERYL L 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 900 E. ATLANTIC BLVD	
				83 SUITE 17	
				84 City POMPANO BEACH FL	
				85 Zip Code 33060	

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	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERS, CHERYL L.	1.2 NAME	
STREET ADDRESS	670 2213 E. ATLANTIC BEACH	1.3 STREET ADDRESS	900 E. ATLANTIC BLVD STE 17
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKO, RICHARD D	2.2 NAME	
STREET ADDRESS	2213 E. ATLANTIC BLVD.	2.3 STREET ADDRESS	900 E. ATLANTIC BLVD STE 17
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 an address

SIGNATURE: Cheryl L. Travers 5-1-98 954-783-6030

CP2E034 (10/97)