


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

FILED
Mar 10 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 # P93000086976 1. Corporation Name Circa 1800 inc.		

Principal Place of Business 6359 N. Fed Hwy Boca Raton Fl 33487	Mailing Address 6359 N. Fed Hwy Boca Raton Fl 33487
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2. Principal Place of Business 21 6359 N Fed Hwy Suite, Apt. #, etc.	26. Mailing Address 26 6359 N Fed Hwy Suite, Apt. #, etc.
22 City & State 23 Boca Raton Fl	27 City & State 28
24 Zip 33487 25 County Palm Bch	29 Zip 33487 30 County Palm Bch

9. Name and Address of Current Registered Agent None	
10. Name and Address of New Registered Agent 81 Name Steve & Donna Greenberg 82 Street Address (P.O. Box Number is Not Acceptable) 6359 N. Fed Hwy 83 84 City Boca Raton FL 85 Zip Code 33487	

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 **Steven Greenberg** DATE **2/3/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P Greenberg, Donna
STREET ADDRESS	3975 Cocoplum Circle
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	<input type="checkbox"/> DELETE
NAME	S Greenberg, Steven
STREET ADDRESS	3975 Cocoplum Circle
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, on each attachment with an address.

SIGNATURE: **Steven Greenberg** DATE **2/3/98** **561 997-2235**

CR2E034 (10/97)