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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093627 (4)

DOUGLASS & COMPANY, P.A.

Principal Place of Business Mailing Address 1903 SOUTH CONGRESS AVENUE 1903 SOUTH CONGRESS AVENUE SUITE 340 SUITE 340 DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 3. Date Incorporated or Qualified 12/08/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0627088 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 30 Personal Property Tax due June 30. 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOUGLASS, DONNA H 1903 S. CONGRESS AVE. Street Address (P.O. Box Number is Not Acceptable) **SUITE 340** 83 **BOYNTON BEACH FL 33426** 84 City Zip Code 85 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 registored 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change ___ Addition DOUGLASS, DONNA H NAME 1.2 NAME 1903 S. CONGRESS AVE. SUITE 340 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33426** 1.4 CiTY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME

64 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: None X Abuda

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-ZIP

TITLE NAME

TITLE

NAME

4/1/98 561-731-5100

Change

Channe

Addition

Addition

FILED

Apr 08 1998 8:00am

Secretary of State