

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

FILED
May 15 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 # P96000035361 (0)

1. Corporation Name
RALLS ROAD CORP.

Principal Place of Business
1512 EAST BROWARD BLVD. STE 200
FORT LAUDERDALE FL 33301

Mailing Address
1512 EAST BROWARD BLVD. STE 200
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 S. FEDERAL HWY Suite, Apt. #, etc. 22 TENTH FL. City & State 23 Pompano Beach FL Zip 24 33062		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Broward		3. Date Incorporated or Qualified 04/22/1996	
25 BROWARD		30		4. FEI Number APPLIED FOR 59-6548386	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LESTRANGE, NILE R 1000 S FEDERAL HWY SUITE 1000, 10TH FLOOR POMPANO BEACH FL 33082		10. Name and Address of New Registered Agent 81 Name S. WALTER McCrory 82 Street Address (P.O. Box Number is Not Acceptable) 1512 EAST BROWARD BLVD STE 200 83 84 City FT. LAUDERDALE FL 85 Zip Code 33301	
--	--	--	--

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 607.0506, Florida Statutes.

SIGNATURE



S. WALTER McCrory

4/7/98

Signature, typed or printed name of registered agent and title if applicable

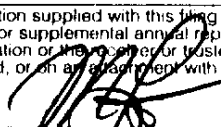
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESTRANGE, NILE R 1512 EAST BROWARD BLVD. STE 200 FORT LAUDERDALE FL 33301	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	PRESIDENT NILE R LESTRANGE 1600 S. FEDERAL HWY TENTH FL POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 owner 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 in an amendment with an address.

SIGNATURE:



4/9/98

954 789 5000

CR2E034 (10/97)