APPROVED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 AND FILED **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham 97 AUG 19 AM 7: 40 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE P96000044712 TALLAHASSEE, FLÖRIDA. **DOCUMENT #** PRIVATE CLIENT SERVICES INC Principal Place of Business RURAL ROUTE 1, BOX 285 MICANOPY FL 32667 3. Date Incorporated or Qualified HAY 24 96 3a. Date of Vast Report 2a. Mailing Address Applied For 235 Lincoln Road Not Applicable Suite, Apt. #, etc \$8.75 Additional X Suite 204 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be FL Miami Beach 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 7 25 ALCHUA 29 33139 9. Name and Address of Current Registered Agent Yes KNo 30 Florida Statutes 10. Name and Address of New Registered Agent ORPORATE CREATIONS ENTERPRISES INC CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLUA, STE ZII 83 PALM BEACH GARSEN 334/8 rida Statutos, the above-named corporation submits this statement for the purpose of changing its registered and was authorized by the corporation's board of directors. I hereby accept the appointment as registered location to the corporation of the corporatio SIGNATURE FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition TITLE 11 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 32608 CITY-S1-ZiP GKINESVILLE 1.4 CITY - ST - ZIP DELETE 700002271537 - Adding - -08/19/97 - -01074 - -019 TITLE 2.1 TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 2. 4 CITY - S1 - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3 1 THLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 \$1REE1 ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY-ST-7)P DELFTE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do 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 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 appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.

SIGNATURE:

Auch 97 1-888-484-4-4

August 14, 1997

Sean Toner
Secretary of the State
Division of Corporations
Tallahassee, Fl

Mr. Toner:

Per our phone conversation of this week, I am writing you to confirm that Annual Report was not received by Private Client Services. We did not receive a second notice, either. As I also stated, there have been problems on our rural route address, where mail has not been delivered, or most likely, been stolen.

I have enclosed the status report fee, and would like that mailed to:

235 Lincoln Road Suite 204 Miami Beach, Fl 33139

Kindly accept the fee of \$ 165.00, with the appropriate Annual Report filled out. Should you need to speak with me, kindly contact me at 1-888-484-4-484.

Respectfully,

R S Schmitt President

RSS/ajt