

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

FILED

**Apr 14 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 # **P96000051288**
1. Corporation Name
FERIEN, INC

Principal Place of Business Mailing Address
**4400 HILLCREST DRIVE
BLDG. 21 #218
HOLLYWOOD, FL 33021** **SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/14/96	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0678996	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YMI, INC 6289 W. SUNRISE BLVD. #120 FT. LAUDERDALE, FL 33313				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

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: **YMI, INC** *William Orange* **3/3/98**
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	HEIKE SPRETER <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	WILLIAM ORANGE	1.2 NAME	WILLIAM ORANGE	1.2 NAME	WILLIAM ORANGE
STREET ADDRESS	4400 HILLCREST DR. BLDG 21 #218	1.3 STREET ADDRESS	4400 HILLCREST DR BLDG 21 #218	1.3 STREET ADDRESS	4400 HILLCREST DR BLDG 21 #218	1.3 STREET ADDRESS	4400 HILLCREST DR BLDG 21 #218
CITY-ST-ZIP	HOLLYWOOD, FL 33021	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE		2.1 TITLE		2.1 TITLE	
NAME		2.2 NAME		2.2 NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		3.1 TITLE		3.1 TITLE	
NAME		3.2 NAME		3.2 NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		4.1 TITLE		4.1 TITLE	
NAME		4.2 NAME		4.2 NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		5.1 TITLE	900002488928 <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	900002488928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		5.2 NAME	-04/15/98--01014--014	5.2 NAME	-04/15/98--01014--014
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	***150.00	5.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		6.1 TITLE		6.1 TITLE	
NAME		6.2 NAME		6.2 NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 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: *Heike Spreter* **HEIKE SPRETER** **3/10/98** **(954) 791-0200**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)