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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054952 (2)

FILED Apr 14 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address 3718 S.E. OCEAN BLVD. HARBOUR BAY PLAZA STUART FL 34996 STUART FL 34998 | | | DO NOT WRITE IN T 3. Date Incorporated or Qualified 06/26/1996 | |
|--|---|---|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| n | 26 | | 65-0675212 | Not Applicab |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip Country | 28 Zip | Country | Trust Fund Contribution 8. This corporation owes or has paid the | Added to Fees |
| 4 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| 9. Name and Address of C | Current Registered Agent | | 10. Name and Address of New Registe | red Agent |
| TADROSS, LAWRENCE | | 81 Name | | |
| 3718 SE OCEAN BLVD | | 62 Street Add | Iress (P.O. Box Number is Not Acceptable) | |
| HARBOUR BAY PLAZA STUART FL 34996 | | 63 | | |
| 310ANI FL 34990 | | 63 | | |
| | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the seent I am familiar with and accept the | State of Florida, Such change was a chlustions of Section 607,0505. Ele | authorized by the corpora | ition's board of directors. I hereby accept the | appointment as registered |
| SIGNATURE Signature, typod or printed name of registres. 12. OFFICEF | ered agent and the if applicable (NOT) | E: Registered Agent signature requ | | TE AND DIRECTORS IN 12 |
| SIGNATURE Signature, typod or printed name of registration and the street aboves a street above a stre | oved agord and life of applicable (NOTI RS AND DIRECTORS DELETE | E: Registered Agent signature requ | plired when reinstailing) DA | TE AND DIRECTORS IN 12 |
| SIGNATURE Signature, typed or printed name of register to the street aboress city-st-zip STUART FL STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | ered agent and title if applicable (NOT) RS AND DIRECTORS DELETE | E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | plired when reinstailing) DA | AND DIRECTORS IN 12 |
| 12. OFFICER TITLE D NAME TADROSS, LAWRENCE STREET ADDRESS STUART FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | oved agord and life of applicable (NOTI RS AND DIRECTORS DELETE | E: Registered Agent signature required. 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | plired when reinstailing) DA | AND DIRECTORS IN 12 Change Additio |
| SIGNATURE Signature, typod or printed name of register 12. OF FICE F TADROSS, LAWRENCE I 3718 SE OCEAN BLVD STUART FL TITLE NAME STREET ADDRESS CITY-ST-ZIP | N DELETE | E: Registered Agent signature required. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | plired when reinstailing) DA | AND DIRECTORS IN 12 Change Additio |
| SIGNATURE Signature, typed or printed name of register to the street address city-st-zip STREET ADDRESS CITY-ST- | N DELETE DELETE | E: Registered Agent signature required agent and a street adoress 1.4 City-St-Zip 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-Zip 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-Zip 4.1 TITLE 4.2 NAME | plired when reinstailing) DA | AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition |

SIGNATURE:

3/5/90

561-221-1767