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

PROFIT ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000055308 (6) **DOCUMENT #** NO TIME TO SHOP, INC. Principal Place of Business Mailing Address 2176 SOUTHWEST 117TH TERRACE 2176 SOUTHWEST 117TH TERRACE FORT LAUDERDALE FL 33325 FORT LAUDERDALE FL 33325 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1996 2a. Mailing Address 2. Principal Place of Business 4. EEI Number Applied For 65-0678793 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Raues AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.Q. Box Number 82 CORAL GABLES FL 33134 83 64 (aus 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 Horida, Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam lambur with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition PSTD DELLE TE Change 1.1 TITLE TITLE **GOTTFRIED, RACHEL** 1.2 NAME NAME 2176 SOUTHWEST 117TH TERRACE 1.3 STREET ADORESS STREET ADDRESS FORT LAUDERDALE FL 33325 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREE1 ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREE1 ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$T - ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6111116 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental 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.