

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

FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079615 (6)  
1. Corporation Name  
635 CORP.



Principal Place of Business 1016 N. 13TH AVENUE HOLLYWOOD FL 33019	Mailing Address 1016 N. 13TH AVENUE HOLLYWOOD FL 33019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7601 N FEDERAL HWY 22 Suite, Apt. #, etc. A-225 23 City & State BOCA RATON, FL 24 Zip 33487 25 Country USA		2a. Mailing Address 26 7601 N FEDERAL HWY 27 Suite, Apt. #, etc. A-225 28 City & State BOCA RATON, FL 29 Zip 33487 30 Country USA		3. Date Incorporated or Qualified 09/25/1996	4. FEI Number 65-0706300 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHWANINGER, BOBBIE J 1016 N. 13TH AVENUE HOLLYWOOD FL 33019		10. Name and Address of New Registered Agent 81 Name MICHAEL J. SULLIVAN 82 Street Address (P.O. Box Number is Not Acceptable) 836 NE 72ND ST. 84 City BOCA RATON FL 85 Zip Code 33487	
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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 M. J. Sullivan PRESIDENT DATE 4-20-98

Signature, hand or professional registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE P SCHWANINGER, BOBBIE J 1016 N 13TH AVE HOLLYWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT MICHAEL J. SULLIVAN 836 NE 72ND ST. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. J. Sullivan PRESIDENT DATE 4-20-98

CR2E034 (10/97)