
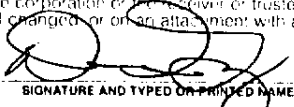


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 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 # P96000090921 1. Corporation Name TEAM 2, INC.											
Principal Place of Business 200 E. Broward Blvd. Suite 1500 Fort Lauderdale, FL 33301			Mailing Address 200 E. Broward Blvd. Suite 1500 Fort Lauderdale, FL 33301								
DO NOT WRITE IN THIS SPACE											
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified November 6, 1996 4. FEI Number 65-0738119 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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 Denise Ganz 200 E. Broward Blvd., Suite 1500 Fort Lauderdale, Florida 33301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
12. OFFICERS AND DIRECTORS 1. TITLE D,P,S,T <input type="checkbox"/> DELETE NAME Denise Ganz STREET ADDRESS 200 E. Broward Blvd., Suite 1500 CITY-ST-ZIP Fort Lauderdale, FL 33301 2. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 3. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 4. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 5. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 6. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 its receiver or trustee or 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:  Denise Ganz, President April 23, 1998 (954) 527-2410											

CR2E034 (10/97)