

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

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Apr 21 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 # P97000000880 (9)

1. Corporation Name
FLEX ENTERPRISES, INC.

Principal Place of Business
201 S. BISCAYNE BLVD.
MIAMI CENTER, 10TH FLOOR
MIAMI FL 33131

Mailing Address
201 S. BISCAYNE BLVD.
MIAMI CENTER, 10TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 4339, Suite, Apt. #, etc. 22 City & State 23 Tequesta, FL 24 Zip 33469 25 Country		2a. Mailing Address 26 P. O. Box 4339 Suite, Apt. #, etc. 27 City & State 28 Tequesta, FL 29 Zip 33469 30 Country		3. Date Incorporated or Qualified 01/06/1997 4. FEI Number 34-1232998 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 type="checkbox"/> No	
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9. Name and Address of Current Registered Agent JOHNSON, CHALES H (Please note correct spelling of name) 201 S. BISCAYNE BLVD. MIAMI CENTER, 10TH FLOOR MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Johnson, Charles H. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ DATE _____
(Signature typed or printed name of 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	D	1.1 TITLE	Director & President
NAME	JOHNSON, CHARLES H	1.2 NAME	Charles R. Fleck
STREET ADDRESS	201 S. BISCAYNE BLVD., 10TH FLOOR	1.3 STREET ADDRESS	P. O. Box 4339 / 204 E. RIVERSIDE DR
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE		2.1 TITLE	Director/Secretary/Treasurer
NAME		2.2 NAME	Barbara Stewart
STREET ADDRESS		2.3 STREET ADDRESS	P. O. Box 4339 / 120 E. RIVERSIDE DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: _____ 4/1/98 (305) 401-7900

CR2E034 (10/97)