

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Oct 08 1998 8:00am
 Secretary of State

DOCUMENT # P97000007283 (9)

1. Corporation Name
 FRANK WEED & ASSOCIATES, INC.

Principal Place of Business
 1450 MADRUGA
 SUITE 405
 CORAL GABLES FL 33146

Mailing Address
 1450 MADRUGA
 SUITE 405
 CORAL GABLES FL 33146

2. Principal Place of Business

21 | State, Apt. #, etc.
 22 | City & State
 23 | Zip | County
 24 |

2a. Mailing Address

26 | State, Apt. #, etc.
 27 | City & State
 28 | Zip | County
 29 | 30 |

9. Name and Address of Current Registered Agent

WALKER, H. WILLIAM JR.
 WHITE & CASE
 200 S. BISCAYNE BLVE., SUITE 4900
 MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE:

Signature of the person filing this report (check one)

(Both Reg. # & AZ# required for registered addresses filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE | D | WEED, FRANK C | 1450 MADRUGA, SUITE 405 | CORAL GABLES FL 33146
 NAME |
 STREET ADDRESS |
 CITY STATE ZIP |
 TITLE |
 NAME |
 STREET ADDRESS |
 CITY STATE ZIP |
 TITLE |
 NAME |
 STREET ADDRESS |
 CITY STATE ZIP |
 TITLE |
 NAME |
 STREET ADDRESS |
 CITY STATE ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE | | Change | | Addition
 12 NAME |
 13 STREET ADDRESS |
 14 CITY STATE ZIP |
 15 TITLE | | Change | | Addition
 16 NAME |
 17 STREET ADDRESS |
 18 CITY STATE ZIP |
 19 TITLE | | Change | | Addition
 20 NAME |
 21 STREET ADDRESS |
 22 CITY STATE ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report, if any, and is correct 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 principal officer or director responsible 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 in an affidavit with an address.

SIGNATURE: *Frank Weed*

9/29/98

205-665-5858
 941-948-9009

0051700220