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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 199 🕏 98 DEC -8 PM 6: 47 0000 DOCUMENT # SECRETARY OF STATE BRETT GREENWALD, P.A. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5450 S. STATE ROAD 7 #8 FORT LAUDERDALE, FL 33314 3. Date Incorporated or Qualified 3a. Date of Last Report 2/3/97 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5450 S. STAC RD. " 21 26 5450 S. STATE RD 7 65-0726039 Not Applicable Suite, Apt # etc Suite, Apt. #, etc. \$8.75 Additional #8 5. Certificate of Status Desired #8 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 FORT LAUDERDALE 28 FORT LAUDERDALE П Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, BROWARD 333**.**4 BROWARD 29 Yes No Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLETT GLEENWALD Street Address (P.O. Box Number is Not Acceptable) 2681 VIA GUILA 82 BOCA RATON, FL 3349L 83 84 City Zip Code 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 Signature types or prin (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)13. PRESIDENT DELETE Change Addition TITLE 1.1 TITLE BRETT GREEN WALD 1.2 NAME CR2E034 8681 YIAGUILA 1 3 STREET ADDRESS STREET ADDRESS 33496 BOXA RATOR FL 1 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITI F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP 200002709488 -12/10/98-01094-022 DELETE Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS ****550.00 ****550.00 CITY - ST - ZIP 3 4 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 617IIF NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIPA CITY - ST - 7:P 14. I do hereby certify that the information supplied with this filling does not qualify for the exempt information indicated on this annual report or supplemental annual report is true and accurate I am an officer or director of the corporation or the receiver or trustee empowered to execute appears in Block 12 or Block 13 if changed, or on an attachment with an address. on stated in Section 119.07(3)(i). Florida Statutes. I further certify that the to and that my signature shall have the same legal effect as if made under oath; that this report as required by Chapter 607, Florida Statutes; and that my name 9.54 SIGNATURE: