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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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May 11 1998 8:00am

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DIVISION OF CORPORATIONS

DOCUMENT # P97000014361 (4)

Block 12 or Block 13 if chapted/or on an attaching it with an address.

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DEENA JOY FARRELL, INC.

Principal Place of Business Mailing Address BS40 SOUTHWEST 181 STREET 8540 SOUTHWEST 181 STREET MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/13/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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 607,0506, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OF ICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PSTD TITLE 11 TOLE FARRELL, DEENA JOY NAME 12 NAME 8540 SOUTHWEST 181 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 1.4 City - St - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C|TY - ST - ZIP DELETE Addition TITLE 6.1 T LE NAME 6.2 N ME 6.3 SIREET ADDRESS STREET ADDRESS Y-SI-71P CITY-ST-7IP mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing closs not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute

4/12/98