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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020745 (0)

PICKARD & ASSOCIATES, INC.

FILED Apr 14 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 309 KENNEDY STREET 309 KENNEDY STREET JUPITER FL 33458 JUPITER FL 33458 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 Applied For Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Żίρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. XI Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PICKARD, LLOYD A JR 309 KENNEDY STREET Street Address (P.O. Box Number is Not Acceptable) 82 JUPITER FL 33458 83 84 City Zip Code FI 11. Pursuant to the provisions of Sections 607.0502 and 007.1508, 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. Lan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition TITLE 1.1 TITLE NAME PICKARD, LLOYD A JR 1.2 NAME CR2E034 STREET ADDRESS 309 KENNEDY STREET 1.3 STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHY-SI-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STRECT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 111LE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Ffurther 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 region or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if That and only on an analysis an address.

C(1) 47 5088