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

Feb 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000022098 (2) DOCUMENT # TREADWELL GROUP HOME, INC. Principal Place of Business Mailing Address POST OFFICE BOX 8322 2073 NW 2ND STREET **BOYNTON BEACH FL 33435** WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65 - 07 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Trust Fund Contribution

This corporation owes or has paid the current year Intangible

Yes No Ζıρ Country Country 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, CAROLYN W 5725 CORPORATE WAY #206 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 63 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 Static 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, typed or ported name of requires tingent and trie if apply able (NOTE Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 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 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3 4. CITY-ST-ZIP

6.4 City-st-zip

14. Thereby 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 this 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 changing, or on an attachment with an address.

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6 1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5 4 CITY - SI - ZIP

4.4 CITY - ST - ZIP

DELFTE

DELETE

DELETE

SIGNATURE: Cellia & Dead

NAME STREET ADDRESS

TITE F

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

2/12/98

Change

Change

Change

Addition

Addition

Addition

FILED