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).

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 OCT 21 PM 3: 04 DOCUMENT # P97000046052 (1) SECRETARY OF STATE TALLAHASSEE, FLORIDA THE WHITFIELD GROUP, INC. Principal Place of Business Mailing Address 6055 NW 170 LANE 6055 NW 170 LANE MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 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 \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible. 24 29 30 Personal Property Tax due June 30. Yes 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DRESE, JAMES W 6055 NW 170 LANE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 City 84 Zip Code 85 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 (NOTE: Registered Ages (2/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE ___ Change Addition TITLE 1.2 NAME NAME 100002674181---10/28/98--01039--013 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP WIAMI. ****558. 75 ____ 表語:*55Baddign 2.1 TITLE TITLE DELETE DIRECTOR NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE ___ Change TITLE ____ Addition _ DELETE 4.2 NAME NAME STREET ADDRESS 4,3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change TITLE DELETE MAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CTY-ST-ZIP 14. I hereby 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 they they 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 that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 12 or Block 13 if changed, or on an attachment with an address.