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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065723 (3)

FILED Mar 09 1998 8:00am Secretary of State

MOSSKITO, INC. Principal Place of Business Mailing Address C/O MANELLA & KLAPHOLZ. LLP C/O MANELLA & KLAPHOLZ, LLP 2500 HOLLYWOOD BLVD SUITE 212 2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0775003 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KLAPHOLZ, JOSEPH P Ai C/O MANELLA & KLAPHOLZ, LLP 82 Street Address (P.O. Box Number is Not Acceptable) 2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020 83 84 City Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered action 607.0505, Florida Statutes. 11. Pursuant to the office or region agent I am a SIGNATURE Registered Agent signature required when reinstating) CRZE034 (10/97 OFFICERS AND **TECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THILE 1.1 TITLE MOSES, AARON H 1.2 NAME 2500 HOLLYWOOD BLVD SUITE 212 STREET ADDRESS 1,3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-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 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 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 changed, or on an attachment with an address.

SIGNATURE: A MONTH SE

3/2/98