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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071104 (8)

HARRIS, ENGELS, USSHEIM & ASSOCIATES, CORP.

FILED May 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1617 N FLAGLER DR. SUITE 104 1617 N FLAGLER DR. SUITE 104 W PALM BEACH FL 33407 W PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 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 Trust Fund Contribution Added to Fees Zip, Country Country Zio 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VAN SCHEPEN, BRENDA DEE 1617 N FLAGLER DR, SUITE 104 82 Street Address (P.O. Box Number is Not Acceptable) W PALM BEACH FL 33407 83 **84** City 85 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 Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE Hicer Brench D. Vanschepen 1.2 NAME NAME 150th CT **133** 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE Hector C. Mea 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP Change TITLE DELETE 4.1 THLE Addition 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 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 docs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrural report or supplemental arrural 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 cyanged, or ye an attachment with an address.