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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081767 (0)

J. "SPIKE" GUNDERSHEIMER, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3121 NE 51ST ST. UNIT #301 3121 NE 51ST ST. UNIT #301 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 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 \Box 23 Trust Fund Contribution Added to Fees Country Zφ Country ZiD 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUNDERSHEIMER. JOEL M** 3121 NE 51ST ST, UNIT #301 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 83 84 City 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 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 typod or printed name of registered agent and pile d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 32308 CITY-ST-76 1.4 City - St - 2i6 DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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. I further certify that the information indicated on this 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 location this property trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13