

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000082975 (8)**  
 1. Corporation Name  
**THE ARCHON PARTNERSHIP, INC.**



Principal Place of Business <b>8465 W COMMERCIAL BLVD TAMARAC FL 33351</b>	Mailing Address <b>8465 W COMMERCIAL BLVD TAMARAC FL 33351</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8448 NW 57th Street</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>8448 NW 57th Street</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/22/1997</b>	
22 City & State 23 <b>Tamarac, FL</b>		27 City & State 28 <b>Tamarac, FL</b>		4. FEI Number <b>65-0783622</b> Applied For Not Applicable	
24 Zip <b>33351</b> Country <b>USA</b>		29 Zip <b>33351</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>OCAMPO, RAUL 8465 W COMMERCIAL BLVD TAMARAC FL 33351</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>8448 NW 57th Street</b>	
83				84 City <b>Tamarac</b> FL 85 Zip Code <b>33351</b>	

11. Pursuant to the provisions of Sections 607.0802 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OCAMPO, RAUL</b>	1.2 NAME	
STREET ADDRESS	<b>8465 W COMMERCIAL BLVD</b>	1.3 STREET ADDRESS	<b>8448 NW 57th Street</b>
CITY-ST-ZIP	<b>TAMARAC FL 33351</b>	1.4 CITY-ST-ZIP	<b>Tamarac, FL 33351</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAPIRO, STEPHEN M</b>	2.2 NAME	
STREET ADDRESS	<b>8465 W COMMERCIAL BLVD</b>	2.3 STREET ADDRESS	<b>8448 NW 57th Street</b>
CITY-ST-ZIP	<b>TAMARAC FL 33351</b>	2.4 CITY-ST-ZIP	<b>Tamarac, FL 33351</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 \_\_\_\_\_ **5/1/98** **95V-722-2318**

CR2E034 (10/97)