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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000084548 (1)

MISSING PIECES, INC.		
Principal Place of Business	Mailing Address	
1900 N.W. 33RD STREET SUITE 4 POMPANO BEACH FL 33064	1900 N.W. 33RD STREET SUITE 4 POMPANO BEACH FL 33064	DO NOT WA
	· • · · · · · · · · · · · · · · · · · ·	 Date Incorporated or Qualifie 09/29/1997
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
	28	65-048554
Suite, Apt. #, etc	Suite, Apt. #, etc.	
22	27	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing

FILED May 12 1998 8:00am Secretary of State

RITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country Country Ζıρ This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GRAFF, JAY D Edith C. Johnson 665 S.E. 10TH STREET 82 DEERFIELD BEACH FL 33441 83 84 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 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, and accept the of-ligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE GRAFF, JAY D NAME 1.2 NAME 665 S.E. 10TH STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-7#P 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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: