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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084643 (0) NC 2/10/98

1. Corporation Name

AMERITRUST HOLDINGS INC

Principal Place of Business	Mailing Address
902 CLINT MOORE ROAD SUITE 136 CONGRESS CORPORATE PLAZA BOCA RATON FL 33487	902 CLINT MOORE ROAD SUITE 136 CONGRESS CORPORATE PLAZA BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1997

2. Principal Place of Business	2a. Mailing Address
21 2525 N STATE RD 7	26 2525 N STATE RD 7
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100
City & State 23 HOLLYWOOD FL	City & State 28 HOLLYWOOD FL
Zip / Country 24 33328 / 25 USA	Zip / Country 29 33328 / 30 USA

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERRY, MARK C ESQ 2455 EAST SUNRISE BLVD SUITE 905 FORT LAUDERDALE FL 33304	81 Name: LARRY S SAZANT PA 82 Street Address (P.O. Box Number is Not Acceptable): 2525 STATE RD 7 SUITE 100 83 84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: LARRY S SAZANT Larry S Sazant
Signature, type and print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	PRES. ☐ Change ☒ Addition
NAME	TUCKER, LEONARD	1.2 NAME	EAMON TONER
STREET ADDRESS	902 CLINT MOORE ROAD SUITE 136	1.3 STREET ADDRESS	2525 N STATE RD 7 STE 100
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	☐ DELETE	2.1 TITLE	V.P. ☐ Change ☒ Addition
NAME		2.2 NAME	MAURY BARBIKOW
STREET ADDRESS		2.3 STREET ADDRESS	2525 N STATE RD 7 STE 100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	☐ DELETE	3.1 TITLE	SEC/TREAS ☐ Change ☒ Addition
NAME		3.2 NAME	BRUCE LAZARUS
STREET ADDRESS		3.3 STREET ADDRESS	2525 N STATE RD 7 STE 100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	100002549561
STREET ADDRESS		5.3 STREET ADDRESS	-06/05/98--01086--032
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [illegible] 2/10/98