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

indicated on this annual repo officer or director of the corp Block 12 or Block 13 if chan

FILED PROFIT Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000084932 (7 AND DEVELOPMENT, INC. PAS CONSTRUCTION Hand Alleman Market Control of the C Principal Place of Business Mailing Address 10400 SW 153RD CT 10400 SW 153RD CT SUITE 8 SUITE 8 DO NOT WRITE IN THIS SPACE MIAMI FL 33116 MIAMI FL 33116 3. Date Incorporated or Qualified 10/01/1997 2a. Mailing Address 2. Principal Place of Business Applied For 10400 SW 153 CH 65-078 4300 10400 SW Not Applicable Suite Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI MIAMI Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DR #37 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TIT.E Change Addition TITLE 1.2 NAME SCHWERDT, RAUL A NAME 1.3 STEET ADDRESS 10400 SW 153RD CT STREET ADDRESS **MIAMI FL 33116** 1.4 CIY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 I TITLE 22 N NAME 2.3 \$1 ET ADDRESS STREET ADDRESS -ST-ZIP 2.40 CITY-ST-ZIP DELETE 3.1 Ti Change Addition TITLE 321 NAME 3.3 9 1 ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP DELETE 4 1 T Change Addition TITLE NAME 4.3 S 7 ADDRESS STREET ADDRESS 4.40 ST-ZiP CMY-ST-ZIP DELETE 5.1 T Change Addition TITLE 52 N NAME 5 3 S1 LADDRESS STREET ADDRESS CITY-ST-ZIP 1000024954**4** hange -04/21/38--01065--007 DELETE TITLE 62 N NAME ***150.00 ADDRESS **STREET ADDRESS** CITY-ST-2IP 14. I hereby certify that the information supplied with this tiling does not qualify for the execution stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of suppliemental annual report is true and accurate and at my signature shall have the same legal effect as if made under oath; that I am an officer or director of the completion or the receiver of invitor empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in

4/13/98

(305) 386-3839