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

PROFIT CORPORATION **ANNUAL REPORT** 1998



ILORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000088660 (0) DOCUMENT

STRATEGIC REAL ESTATE CORP.

FILED Jun 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 12146 ORANGE BLVD. 12146 ORANGE BLVD. W. PALM BEACH FL 33412 W. PALM BEACH FL 33412 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1045 65-019 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country $Z_{\rm ip}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes ΠNO 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HORWITZ, SUZANNE 12146 ORANGE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 W. PALM BEACH FL 33412 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 punted narroe of orgestered agent and little if applicable (NOTL Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 1111.8 HORWITZ, SUZANNE NAME 1.2 NAME 2E034 12146 ORANGE BLVD. STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL 33412 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITEF 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE Change Addition 3 1 TIU F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 000002522480 NAME -05/13/98--01025--030 STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP

14. Thereby certify that the information applied 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 displacemental 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 component or the receiver or trustee empowered to execute this report as required by Chapter 607, Furida Statutes; and that my name appears in Block 13 or Block 13 Block 12 or Block 13 J