P303 847 455 SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000093689 (2)

FILED Jul 30 1998 8:00am Secretary of State

THE WHITE ROOM, INC.						
						Í SABAIRÐA ALG DOLFT LOÐAF ÐERFA ÐERFA DORFA DOLFÐ DIÐAÐ DÍÐAÐ ÁÐAÐ TÁÐAÐ FÆÐA
Principal Plac	o of Rusiness	Moiting Address				
Principal Place of Business Mailing Address						
900 COLLINS A MIAMI BEACH		900 COLLINS AVENUE	900 COLLINS AVENUE MIAMI BEACH FL 33139			
WINNII DENOT	12 00100	MINHI DENGIT TE GOTOG				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/31/1997
	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0791858 Not Applicable
Suite, Apt.	H, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	la	City & State				
23		28	Ony is office			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip				Country		This corporation owes or has paid the current year Intangible
24	25	29	30	·		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
COE	BER CORPORATE AGENT, INC.			81	Name	,
	SOUTH BAYSHORE DRIVE			82	Street A	t Address (P.O. Box Number is Not Acceptable)
	1 FLOOR					Tradition (1.10) Box (William) to Hot (1000) Labor)
	WI FL 33133			83		
				84	City	85 Zip Code
						FL 03 24 5000
11. Pursuan	to the provisions of sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ove-i	named co	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the obli	gations of, section 607.0505, FI	orida Stat	utes		poration's board or directors. Thereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ag	ent and little if applicable (N ND DIRECTORS	OTE Registe	red Ag	jont signalur	lure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0.7	DELETE	1.1 1 1	ŧĒ.	·····	Change Addition
NAME	STRONG, ROBERT C			1.2 NAME		Change [_] Addition
STREET ADDRESS 900 COLLINS AVENUE				1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 C			
TITLE	DELETE 2.17			2.1 TITLE		Change Addition
NAME	Peterson, Tonya.		2.2 NA	2.2 NAME		
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH	FC 33139	2.4 CIT	Y-ST-	ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3 1 TIT	LE		Change Addition
NAME			3 2 NA	3 2 NAME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4 CIT		ZIP	
TITLE		DELETE	4.1 TH			Change Addition
NAME			4.2 NA			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<u> </u>
TITLE	LDELETE 5.1 TI					Change Addition
NAME			5.2 NA	-	IDDDESS.	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 6.1 TITLE		
NAME		L. J DELETE	6.2 NA			Change Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT		}	
	ertify that the information supplied wil	th this filing does not qualify for t				in section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 13 if changed, or on an effective that I am address.

SIGNATURE:

(22 305.970.1171