

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000094303 (9)**

1. Corporation Name
TRADITIONAL URBAN, INC.



Principal Place of Business 528A CLEMATIS STREET WEST PALM BEACH FL 33401	Mailing Address 528A CLEMATIS STREET WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 518 Banyan Blvd Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip Country 24 33401 25 Palm Beach		2a. Mailing Address 26 518 Banyan Blvd Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip Country 29 33401 30 Palm Beach		3. Date Incorporated or Qualified 11/03/1997	4. FEI Number 65-0807119 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORNING, LAWRENCE 528A CLEMATIS STREET WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent 81 Name Lawrence Corning 82 Street Address (P.O. Box Number is Not Acceptable) 518 Banyan Boulevard 83 84 City West Palm Beach FL 85 Zip Code 33401	

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

Lawrence Corning

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME		NAME		NAME	
STREET ADDRESS		1.3 STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME		NAME		NAME	
STREET ADDRESS		2.3 STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME		NAME		NAME	
STREET ADDRESS		3.3 STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		NAME		NAME	
STREET ADDRESS		4.3 STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		NAME		NAME	
STREET ADDRESS		5.3 STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		NAME		NAME	
STREET ADDRESS		6.3 STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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

Lawrence Corning

4/22/98 **FL 022-1100**

CR2E034 (10/97)