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** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 JUL 24 AM 10: N.3 DOCUMENT # P97000096675 (8) SECRETARY OF STATE ALLAHASSEE, FLORIDA MARKET GROUP, INC. Principal Place of Business Mailing Address 8278 N FEDERAL HIOHWAY SUITE 216 6278 N FEDERAL HIGHWAY SUITE 216 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1997 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 29 25 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHELDON GOLDING, P.A. R1 Name 800 SE 3RD AVENUE SUITE 300 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 מפ TITLE 1.1 TITLE ___ DELETE __ Change ___ Addition SUKOLSKY, THOMAS NAME 1.2 NAME 6278 N FEDERAL HIGHWAY SUITE 216 10000260**14**7 -07/29/98--0105 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CHTY-ST-ZIP TITLE 2.1 TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 61 TITLE DELETE Change ___ Addition NAME 6.2 NAME

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 supplimental annual report is true find 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 trusted emitowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (5/98)