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

1 of 2

98 MAR

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 15 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100737

1. Corporation Name

SOUTH FLORIDA COMMERCIAL CORP.

Principal Place of Business

5660 COLLINS AVE. #2C
MIAMI BEACH, FL. 33140

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5660 COLLINS AVE
Suite, Apt. #, etc.
22 #2C, MIAMI BEACH
City & State
23 FL. 33140 USA
Zip Country
24 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified 11/21/97

4. FEI Number 65-0796113

[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [✓] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PETER L. FISHEL
2396 NE 172 ST.
N. MIAMI BEACH, FL. 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 changed) DATE

12 OFFICERS AND DIRECTORS

TITLE PRES.	DAVID LEVY	[ ] DELETE
NAME		
STREET ADDRESS	5660 COLLINS AVE. #2C	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE V.P.	DAVID LEVY	[ ] DELETE
NAME		
STREET ADDRESS	5660 COLLINS AVE. #2C	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE TREAS.	DAVID LEVY	[ ] DELETE
NAME		
STREET ADDRESS	5660 COLLINS AVE. #2C	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE SEC.	DAVID LEVY	[ ] DELETE
NAME		
STREET ADDRESS	5660 COLLINS AVE. #2C	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	900002814259--5	
14 CITY-ST-ZIP	-03/22/99--01140--023	
21 TITLE	****300.00	****300.00
22 NAME		[ ] Change [ ] Addition
23 STREET ADDRESS	900002814259--5	
24 CITY-ST-ZIP	-03/22/99--01140--024	
31 TITLE	******8.75	******8.75
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	3-17-99	[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: H. David Levy 2/12/99 305-345-8942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #

2/12/99 002

TO WHOM THAT MAY CONCERN,

I NEVER RECEIVED MY ANNUAL REPORT FORM & THEREFORE DID NOT KNOW I HAD TO FILL IT IN.

I DO APPRECIATE THE FACT THAT YOU MAKE A ONE TIME EXCEPTION TO $900 REINSTATEMENT FEE.

PLEASE REINSTATE MY CORP. & FILE FORM & CHECK FOR $30 ENCLOSED.

YOURS TRULY,

DAVID LEVY