

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90182 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000011560

1. Corporation Name  
 UP TO DATE AGAIN, INC.



Principal Place of Business: 952 S FEDERAL HWY DEERFIELD BEACH FL 33441  
 Mailing Address: 837 S FEDERAL HWY DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1998  
 4. FEI Number: 650818447 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 835 SE 9th Street, Deerfield Beach, FL 33441  
 2a. Mailing Address: 837 SE 9th Street, Deerfield Beach, FL 33441

9. Name and Address of Current Registered Agent: DE LALLA, ELLEN, 1170 HILLSBORO MILE, #101, HILLSBORO BEACH FL 33062  
 10. Name and Address of New Registered Agent: (Blank)

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: *Ellen DeLalla* DATE: 4/6/99

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIREN, KANDEE H        | 1.2 NAME  |   |
| STREET ADDRESS             | 2505 BAY DRIVE         | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | POMPANO BEACH FL 33062 | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 2.1 TITLE   |   |
| NAME                       |                        | 2.2 NAME  |   |
| STREET ADDRESS             |                        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 3.2 NAME  |   |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 5.1 TITLE   |   |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME  |   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 6.4 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, with all other like empowered.

SIGNATURE: *Ellen DeLalla* SIGNATURE: *W. W. WIRE* DATE: 4/7/99 DAYTIME PHONE: 954 725 0999

CR2E034 (1/98)