


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90096 036 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000024654 | | | |
| 1. Corporation Name BIRKENFELD CORPORATION | | | |
| Principal Place of Business 142 SOUTHWEST 46TH TERRACE CAPE CORAL FL 33914 | | Mailing Address 142 SOUTHWEST 46TH TERRACE CAPE CORAL FL 33914 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | |
| 3. Date Incorporated or Qualified 03/17/1998 | | 4. FEI Number 65-0831413 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 6. Election Campaign Financing <input type="checkbox"/> | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. Additional Fee Required \$8.75 | |
| 9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 10. Name and Address of New Registered Agent 81 Name Robert J. LaRocco 82 Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40th Street 83 Suite C 84 City Cape Coral FL 85 Zip Code 33904 | |
| 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 <i>Robert J. LaRocco</i> Robert J. LaRocco DATE 3-22-99 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PSTD NAME LA ROCCO, ROBERT J STREET ADDRESS 142 SOUTHWEST 46TH TERRACE CITY-ST-ZIP CAPE CORAL FL 33914 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE BARBARA BIRKENFELD 1.2 NAME PSTD 1.3 STREET ADDRESS 142 SW 46 TERR 1.4 CITY-ST-ZIP CAPE CORAL FL 33914 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Barbara Birkenfeld* **Barbara Birkenfeld** DATE 3-22-99 DAYTIME PHONE # 741-549-9499

CR2E034 (1/198)