


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

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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90263 050 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000025147</b>			
1. Corporation Name <b>2121 MCKINLEY, INC.</b>			
Principal Place of Business <b>10425 GROVE LANE COOPER CITY FL 33328</b>		Mailing Address <b>10425 GROVE LANE COOPER CITY FL 33328</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent <b>81 Name MARIA M NOTARI 82 Street Address (P.O. Box Number is Not Acceptable) 10425 GROVE LANE 83 84 City COOPER CITY FL 85 Zip Code 33328</b>	
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 <b>x Maria M Notari</b> DATE <b>1/11/99</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>PSTD</b> <input type="checkbox"/> DELETE NAME <b>NOTARI, MARIA M</b> STREET ADDRESS <b>10425 GROVE LANE</b> CITY-ST-ZIP <b>COOPER CITY FL 33328</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: **x Maria M Notari**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/99**  
Date

Daytime Phone #

CR2E034 (11/98)