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Secretary of State

08-06-1999 90007 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000048335			
1. Corporation Name 191151, INC.			
Principal Place of Business C/O ROSENFELD & STEIN. 18260 NE 19th AVE. N. MIAMI BEACH, FL 33162		Mailing Address ROSENFELD & STEIN 18260 NE 19th AVE. N. MIAMI BCH, FL 33162	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 c/o Mary S. Hopkins Suite, Apt. #, etc. 27 9121 N. Military Tr, 222 City & State 28 Palm Bch Gdns, FL Zip Country 29 33410 30 USA	
3. Date Incorporated or Qualified 6/01/1998		4. FEI Number 05-0856141	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Rosenfeld, Alexander M. C/O Rosenfeld & Stein, P.A. 18260 NE 19th Avenue North Miami Beach, FL 33162		10. Name and Address of New Registered Agent 81 Name Mary S. Hopkins, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 9121 N. Military Trail, #222 83 84 City Palm Bch Gardens FL 85 Zip Code 33410	
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 <u>Mary S. Hopkins</u> DATE <u>8-12-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS Rosenfeld, Alexander M. CITY-ST-ZIP 18260 NE 19th Avenue N. Miami Beach, FL 33162		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME D 1.3 STREET ADDRESS Mary S. Hopkins 1.4 CITY-ST-ZIP 9121 N. Military Tr, # 222 Palm Beach Gardens FL 33410	
TITLE <input type="checkbox"/> DELETE NAME m STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: <u>Mary S. Hopkins CPA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-20-99</u> Daytime Phone # <u>561-694-1462</u>	

CR2E034 (1/98)