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Apr 15, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000076130

1. Corporation Name  
STEVEN ROTHMAN CONSULTANTS, INC.

Principal Place of Business 6361 BRAVA WAY BOCA RATON FL 33433	Mailing Address 6361 BRAVA WAY BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7849 WHISPERING PALMS DR Suite, Apt. #, etc. 22 SUITE 201 City & State 23 BOYNTON BEACH, FLORIDA Zip 24 33437		2a. Mailing Address 26 1665 COUNTRY WALK DR Suite, Apt. #, etc. 27 City & State 28 GLOUCESTER ONTARIO Zip 29 K1C 8E1 Country 30 CANADA		3. Date Incorporated or Qualified 09/01/1998	
9. Name and Address of Current Registered Agent SHINDER, BERNARD 6361 BRAVA WAY BOCA RATON FL 33433		10. Name and Address of New Registered Agent 81 Name STEVEN M. ROTHMAN 82 Street Address (P.O. Box Number is Not Acceptable) 7849 WHISPERING PALMS DR. 83 SUITE 201 84 City BOYNTON BEACH, FL 85 Zip Code 33437			

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 Steven M. Rothman STEVEN M. ROTHMAN PRESIDENT 4/12/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, STEVEN 6361 BRAVA WAY BOCA RATON FL 33433 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STEVEN M. ROTHMAN 7849 WHISPERING PALMS DR # 201 BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input 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: Steven M. Rothman SIGNATURE REQUIRED ROTHMAN, PRES. 4/12/99 561-735-9457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0341263

CR2E034 (11/98)