


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90002 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000095398**

1. Corporation Name

**THE WARFIELD GROUP, INC.**



Principal Place of Business <b>741 NW 37TH ST. FT. LAUDERDALE FL 33309</b>	Mailing Address <b>741 NW 37TH ST. FT. LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/10/1998**

2. Principal Place of Business 21 <b>741 NW 37TH ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>741 NW 37TH ST</b> Suite, Apt. #, etc.		
22	27		
23 City & State <b>FT. LAUDERDALE</b>	28 City & State <b>FLORIDA</b>		
24 Zip <b>33309</b>	25 Country <b>USA</b>	29 Zip <b>33309</b>	30 Country <b>USA</b>

4. FEI Number <b>65-0874398</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**REYNOLDS, DOUGLAS H  
4875 N. FEDERAL HWY., 10TH FLOOR  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name <b>REYNOLDS, DOUGLAS H</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4875 N. FEDERAL HWY., 10TH FLOOR</b>	
83	
84 City <b>FT. LAUDERDALE</b>	85 Zip Code <b>FL 33308</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 **Heather A. Warfield**  
Signature, typed or printed name of registered agent and title if applicable.

**HEATHER A. WARFIELD, PRES. 9/8/99**  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PVTS</b>	<input type="checkbox"/> DELETE
NAME <b>WARFIELD, HEATHER A</b>	
STREET ADDRESS <b>741 NW 37TH ST.</b>	
CITY-STATE-ZIP <b>FT. LAUDERDALE FL 33309</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WARFIELD, HEATHER A</b>	
STREET ADDRESS <b>741 NW 37TH ST.</b>	
CITY-STATE-ZIP <b>FT. LAUDERDALE FL 33309</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE: **Heather A. Warfield** **HEATHER A. WARFIELD, PRES. 9/8/99** **954-568-2840**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

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615713

9/8/99

To Whom it may concern:

Please be advised that we did not  
receive notice of this until this notice arrived.  
Therefore we are enclosing the sum of \$150.00.  
Thank you for your consideration.

Sincerely,

Heather A. Warfield  
HEATHER A. WARFIELD  
PRESIDENT