

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90078 048 \*\*\*150.00

DOCUMENT # P98000099380

1. Corporation Name  
E.W. GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE #2400  
MIAMI FL 33131

Mailing Address  
THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE #2400  
MIAMI FL 33131

3. Date Incorporated or Qualified

11/24/1998

2. Principal Place of Business

21. R+S MANAGEMENT CO  
Suite, Apt. #, etc.

22. 7460 SW 48TH ST  
City & State

23. MIAMI FL  
Zip Country

24. 33155 25

2a. Mailing Address

26. R+S MANAGEMENT CO  
Suite, Apt. #, etc.

27. 7460 SW 48TH ST  
City & State

28. MIAMI FL  
Zip Country

29. 33155 30

4. FEI Number

65-0889802

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.  
THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE #2400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name LAWRENCE SORKIN  
82. Street Address (P.O. Box Number is Not Acceptable)  
R+S MANAGEMENT COMPANY  
83. 7460 S.W. 48TH ST  
84. MIAMI FL 85. Zip Code 33155

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5/18/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SORKIN, REUBEN  
STREET ADDRESS 4721 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D  
NAME SORKIN, SELMA  
STREET ADDRESS 4721 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D  
NAME SORKIN, LAWRENCE  
STREET ADDRESS 5821 REDDMAN ROAD  
CITY-ST-ZIP CHARLOTTE NC 28212

TITLE D  
NAME SORKIN, STEVEN  
STREET ADDRESS 11800 FARMLAND DRIVE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE D  
NAME LOSBEN, JUDITH  
STREET ADDRESS 210 WEST RITTENHOUSE SQUARE #2507  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99 800-401-1544  
Date Daytime Phone #

CR2E034 (11/98)