FILE NOW: FILING FEE AFTER MAY 1 IS \$5(3).00 **PROFIT** FLORIDA DEPARTMEN STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 27 AM 11: 165 **DOCUMENT #** POOR STORY ENTERPRISES, JUC SOO SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 510 RIVERSIDE DRIVE SAME CORAL SPRINGS, FL. 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 1996 10/01/90 2. Principal Place of Business Applied For 8921 ω_{\star} -021*91*30 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 83 84 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 (NOTE Registered Agent signature required when reinstating) stered agent and title it applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ___ Addition EVEN WEISS NAME 1.2 NAME I NW 68TH DRIVE STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHTY-ST-ZIP CITY-ST-ZIP DELE1E Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CHY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE 600002227266-009 600002227266-009 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 4.4 CHY+ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TIME TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CYY-ST-ZIP DELETE Change Addition Tift 6.1 THLE 148 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP 14. I do 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 logal 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:

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