FILE NUW: FILING FEE AFTER MAY 151 15 \$550.00				_ FILED	
PROFIT CORPORATION ANNUAL REPORT 1998	Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 30 1998 8:00am Secretary of State	
DOCUMENT # S02278 1. Corporation Name OFFICE CENTER OF DAVIE, INC.					
Principal Place of Business 4800 SW 64 AVE SUITE 104 DAVIE FL 33314	Mailing Address 4900 SW 64 AVE SUITE 104 DAVIE FL 33314			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 09/24/1990	PACE
Principal Place of Business Suite, Apt. #, etc	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 65-0217906 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
City & State 23 Zip Country	27 City & State 28 Zip	Country	,	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curr	\$5.00 May Be Added to Fees ent year Intangible
24 25 29 3 9. Name and Address of Current Registered Agent		0		Personal Property Tax due June 30.	Yes No
SAM ENGEL, JR. 4800 SW 64TH AVENUE #104 DAVIE FL 33314		81 82 83 84	City	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code 33331
 Pursuant to the provisions of Sections 607.0500 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated SIGNATURE	2 and 607, 1508, Florida Statutes of Florida. Such change was aut tions of, Section 607,0505, Florid	, the above horized by da Statute	e-named of the corp s.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its registered pintment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					OUDS OF THE STATE
12. OFFICERS AND	OFFICERS AND DIRECTORS PD DELETE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change 474ddition	
NAME ENGEL, SAM, JR. STREET ADDRESS 4800 S. W. 64TH AVE,#104	— perri	1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		
CITY-ST-ZIP DAVIE FL		1.4 CITY - S	ST-ZIP	33314	

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

SIGNATURE:

| 1.4. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.5. | 1.

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3.1 TITLE

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4.1 TITLE

4, 2 NAME

5.1 TITLE 5,2 NAME

6,1 TITLE 6,2 NAME

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TOMECEK. RONALD

MILLER, ROBERT H

DAVIE FL

DAVIE FL

6001 S.W. 45TH STREET

1800 N DOUGLAS ROAD

PEMBROKE PINES FL

MATTHEWS, DENBY S.

4800 SW 64TH AVE. #101

DELETE

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