SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

STREET ADDRESS

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (8)6330 CORPORATION Principal Place of Business Mailing Address 4530 N MICHIGAN AVE 4530 N MICHIGAN AVE PENTHOUSE SUITE PENTHOUSE SUITE DO NOT WRITE IN THIS SPACE MIAMI BCH FL 33140 MIAMI BCH FL 33140 3. Date Incorporated or Qualified 10/01/1990 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0219021 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Country 29 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SCHERMER, RICHARD N. 19495 BISCAYNE BLVD #606 Street Address (P.O. Box Number is Not Acceptable) 82 N. MIAMI FL 33180 83 84 City Zip Code 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, it 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE PTD __ DELETE Change Addition SCHERMER, MILTON H. 1.2 NAME NAME 4530 N MICHIGAN AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition SCHERMER, SUSAN 2 2 NAME NAME 4530 N MICHIGAN AVE STREET ADDRESS 2.3 STREET ADDRESS MIAM BCH FL 2.4 CITY-ST-ZIP City-ST-ZIF TITLE 3.1 TITLE DELETE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 41TITLE TITLE __ DELETE ___ Change ___ Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE __ Change __ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

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 teport or supplemental annual eport 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 trusted 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.

CR2E034 (5/98)