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

Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (9) S11408 FELDMAN AND SAFRON, P.A. Principal Place of Business Mading Address 10021 PINES BLVD #0-206 ---10021 PINES BLVD STE C-202 DO NOT WRITE IN THIS SPACE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Date Incorporated or Qualified 10/15/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0215837 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 505 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Ζφ Country Źφ Country 8. This corporation owes or has paid the cultent year Intangible Personal Property Tax due June 30. Yes No 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, BEVERLY 7387 NW 34 STREET 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 R4 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registernic agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 11 100 Change Addition FELDMAN, BEVERLY I. NAME 1.2 NAME 2E034 7387 NW 34TH ST. 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Additio TITLE 3.2 NAME MALIF STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Chanc TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME

63 STREET ADDRESS

2-19-98

14. Thereby 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED