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

PROFIT

May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S49357 (4)JRH NO. 4 CORP. Principal Place of Business Mailing Address P.O. BOX 402249 P.O. BOX 402249 MIAMI BEACH FL 33140-9973 MAMI BEACH FL 33140-9973 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0359318 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country Zф 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **LASKY, CAROL A** ALTMAN, ARNOLD M. 301-41ST STREET Street Address (P.O. Box Number is Not Acceptable) 301-41 Street 82 MIAMI BEACH FL 33140 83 84 Miami Beach ons 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the plant of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered upt the obligation of, Section 607,0505, Florida Statutes. 11. Pursuant to the provi office or registered a (NOTE: Rogistered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE GOLDBERG, BARTON S. NAME 1.2 NAME 301 41ST STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change GLEASON, JAMES NAME 22 NAME 301 41ST STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ALTMAN, ARNOLD NAME 3.2 NAME STREET ADDRESS 301 41ST STREET 3.3 STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP 3.4. CITY - ST- ZIP Addition DELETE TITLE Change 4.1 TITLE LIPSITZ, MARC NAME 4. 2 NAME STREET ADDRESS 301 41ST STREET 4.3 STREET ADDRESS MIAMI BCH. FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITL F S 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 60 or on an attachment with an address. THE COURSE AS SIGNATURE: A

FILED

Daytime Phone #

0199270