

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58668 (2)
 1. Corporation Name
2634, INC.



Principal Place of Business % ROBERT LECHTER 20801 BISCAYNE BLVD., STE 302 MIAMI FL 33180	Mailing Address % ROBERT LECHTER 20801 BISCAYNE BLVD., STE 302 MIAMI FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1250 E. Hallandale Beach Blvd Suite, Apt. #, etc. 22 Suite 809 City & State 23 Hallandale, FL Zip Country 24 33009 25 US		2a. Mailing Address 26 1250 E. Hallandale Beach Blvd Suite, Apt. #, etc. 27 Suite 809 City & State 28 Hallandale, FL Zip Country 29 33009 30 US		3. Date Incorporated or Qualified 06/11/1991 4. FEI Number 65-0283448 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LECHTER, ROBERT 20801 BISCAYNE BLVD S-302 MIAMI FL 33180	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 607.0605, Florida Statutes.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME LECHTER, ABRAHAM STREET ADDRESS 20801 BISCAYNE BLVD, S-302 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME LECHTER, Abraham 1.3 STREET ADDRESS 1250 E. Hallandale Bch Blvd, Ste 809 1.4 CITY-ST-ZIP Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME LECHTER, ZITA STREET ADDRESS 20801 BISCAYNE BLVD, S-302 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE VST 2.2 NAME Lechter, Zita 2.3 STREET ADDRESS 1250 E. Hallandale Bch Blvd, Ste 809 2.4 CITY-ST-ZIP Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LECHTER, ZITA STREET ADDRESS 20801 BISCAYNE BLVD, S-302 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LECHTER, ROBERT STREET ADDRESS 20801 BISCAYNE BLVD, S-302 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE D.V 4.2 NAME Lechter, Robert 4.3 STREET ADDRESS 1250 E. Hallandale Beach Blvd, Ste 809 4.4 CITY-ST-ZIP Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ROBERT LECHTER, Director** 4/16/98 954-455-3660

CR2E034 (10/97)