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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S58668

1. Corporation Name
2634, INC.



Principal Place of Business
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US

Mailing Address
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1991

FEI Number

65-0283448

Applied For

Not Applicable

2. Principal Place of Business

21 1150B E. HALLANDALE Bch Blvd
Suite, Apt. #, etc.

2a. Mailing Address

27 1150B E. HALLANDALE
Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

HALLANDALE FL

28 City & State

HALLANDALE FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

33009

25 Country

USA

29 Zip

33009

30 Country

USA

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

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

ROBERT LECHTER

82 Street Address (P.O. Box Number is Not Acceptable)

1150B E. HALLANDALE Bch Blvd

83

84 City

HALLANDALE FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LECHTER, ABRAHAM
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809
CITY-ST-ZIP HALLANDALE FL 33009

DELETE

TITLE VSTD
NAME LECHTER, ZITA
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809
CITY-ST-ZIP MIAMI FL

DELETE

TITLE DV
NAME LECHTER, ROBERT
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809
CITY-ST-ZIP HALLANDALE FL 33009

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

954-4553660

CR2E034 (1/98)