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

FILED Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)S66588 AAA ADDITIONS, INC. Principal Place of Business Mailing Address 4116 PALM AIRE DRIVE WEST 4116 PALM AIRE DRIVE WEST INT 165-R UNIT 165-B DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified <u>07/10/1991</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 65-0273811 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name 81 BERMAN, JACK 4116 PALM AIRE DRIVE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT 165-B** 83 POMPANO BEACH FL 33069 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE __ Change ___ Addition **PSD** TITLE 1.1 TITLE BERMAN, JACK NAME 1.2 NAME 4116 PALM AIRE DR. WEST STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME BERMAN, BERNICE 2.2 NAME STREET ADORESS 4116 PALM AIRE DR. WEST 2.3 STREET ADDRESS POMPANO BEACH FL CITY-S1-ZIP 2.4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TIFLE 6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 of 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:

63 STREET ADDRESS 6.4 City-St-ZiP

4/15/90

954-968-0165

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: