


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

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70241** (2)  
1. Corporation Name  
**AMERIVEST OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>1689 HIATUS RD SUITE 192 PEMBROKE PINES FL 33026 US</b>	Mailing Address <b>1689 HIATUS RD SUITE 192 PEMBROKE PINES FL 33026 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/28/1991</b>	
4. FEI Number <b>65-0275489</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**KENNEDY, MARGOT P  
1689 N HIATUS RD  
SUITE 192  
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent	
81 Name <b>PATRICIA ANN LINCOLN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1689 N. HIATUS RD., #192</b>	
83 City <b>PEMBROKE PINES</b>	85 Zip Code <b>FL 33026</b>

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 **PATRICIA LINCOLN** *Patricia Lincoln* **2/9/98**  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PR CHANDLER, JAMES D</b>
STREET ADDRESS	<b>1689 N HIATUS RD #192</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP LINCOLN, PATRICIA ANN</b>
STREET ADDRESS	<b>1689 N HIATUS RD #192</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST KENNEDY, MARGOT P</b>
STREET ADDRESS	<b>1689 N HIATUS RD #192</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Patricia Lincoln* **PATRICIA LINCOLN** **2/9/98 (951) 792-5977**

CP2E034 (10/97)