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

May 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (5)S76128 EW BREEDING CORP. Principal Place of Business Mailing Address 10471 STONEBRIDGE BLVD. 10471 STONEBRIDGE BLVD. **BOCA RATON FL 33498 BOCA RATON FL 33498** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0282390 Not Applicable Suite, Apt #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žφ Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 10471 STONEBRIDGE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 8.3 City A4 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 an McState of Morida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accipt the objection 607.0505, Florida Statutes. SIGNATURE DATE (NOT: Registered Agent signature required when reinstating) gisternid agent and title if applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.171718 WACHTEL, EDWIN 1.2 NAME NAME 10471 STONEBRIDGE BLVD 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE 3 1 1111 6 Change Addition TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 51 UUE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 continuation 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, our man attachment with an ardress.

SIGNATURE:

FILED