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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

S80425

(9)

LAW OFFICES OF ROBERT S. HANNAN, A PROFESSIONAL **ASSOCIATION**

Principal Place of Business

333 N. NEW RIVER DR. E.

Mailing Address

333 N. NEW RIVER DR. E.

FILED Apr 30 1998 8:00am Secretary of State



STE. 2200 STE. 2200 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0250641 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Žip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HANNAN, ROBERT S. Name 333 N. NEW RIVER DR.E. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 2200 83 FT LAUDERDALE FL 33301 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE ___ Change Addition HANNAN, ROBERT S. NAME 1.2 NAME 333 N. NEW RIVER DR. E. STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change ___ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change ___ Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY+ST-ZIP 3 4. CITY-ST-2IP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP ... DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 applemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Apr the deceiver or truskee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attackment with im allidress. 14. I hereby certify that the information indicated on this annual priorit or s officer or director of the corporation Block 12 or Block 13 if changed, d

CR2E034 (10/97