

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

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # V03714

(5)

1. Corporation Name

RICHARD & MABEL PAVLICEK CO.

Principal Place of Business

1050 NW 21ST ST.  
FT. LAUDERDALE FL 33311

Mailing Address

1050 NW 21ST ST.  
FT. LAUDERDALE FL 33311

FILED

98 JUN -5 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |                                                                                                                                                                         |  |
|--------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>12/30/1991                                                                                                                         |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0307767                                                                                                                                             |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                             |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

MABEL PAVLICEK  
1050 N.W. 21ST STREET  
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 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 of the person named in the registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D PAVLICEK, RICHARD <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAVLICEK, RICHARD                                   | 1.2 NAME                                              | 000002557710--7                                                   |
| STREET ADDRESS             | 1050 NW 21ST ST.                                    | 1.3 STREET ADDRESS                                    | -06/12/98--01009--007                                             |
| CITY-ST-ZIP                | FT. LAUDERDALE FL                                   | 1.4 CITY-ST-ZIP                                       | ****150.00 ****150.00                                             |
| TITLE                      | D PAVLICEK, MABEL <input type="checkbox"/> DELETE   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAVLICEK, MABEL                                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1050 NW 21ST ST.                                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL                                   | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 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. Block 12 of Block 13 if changed.

original  
SIGNATURE:

Mabel Pavlicek 6/5/98 4/19/98 954.763100