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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Feb 06 1998 8:00am Secretary of State

INA GREENBERG ASSOCIATES, INC. Principal Place of Business Mailing Address 2500 PARKVIEW DRIVE 9720 PINES BLVD PEMBROKE PINES FL 33024-6228 DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 3. Date Incorporated or Qualified 05/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0334501 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year intangible 24 [25] 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GREENBERG, INA 2500 PARKVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 #909 HALLANDALE FL 33009 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) 12, OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 1.1 TO LE __ Change TITLE GREENBERG, INA NAME 1.2 NAME 2500 PARKVIEW DR. #909 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 209 DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1701.6 Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 symplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tructee 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:

INA GREENBERG