


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V39936 (2) 1. Corporation Name GALE CICERIC PAYNE, P.A.					
Principal Place of Business 1132 S.E. 2ND AVE FT. LAUDERDALE FL 33316-1008 US			Mailing Address 1132 S.E. 2ND AVE FT. LAUDERDALE FL 33316-1008 US		
2. Principal Place of Business 21 1220 East Broward Blvd Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip Country 24 33301-2134 25 USA					
2a. Mailing Address 26 1220 East Broward Blvd Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip Country 29 33301-2134 30 USA					
3. Date Incorporated or Qualified 06/01/1992					
4. FEI Number 65-0338904 Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
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 PAYNE, GALE CICERIC 1132 SE 2ND AVENUE FT. LAUDERDALE FL 33316-1008			10. Name and Address of New Registered Agent 81 Name Same as before 82 Street Address (P.O. Box Number is Not Acceptable) 1220 East Broward Blvd. 83 84 City Ft. Lauderdale FL 85 Zip Code 33301-2134		
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 <i>Gale Ciceric Payne</i> <i>Gale Ciceric Payne, registered agent 04/16/98</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D NAME PAYNE, GALE CICERIC STREET ADDRESS 1132 SE 2ND AVE CITY-ST-ZIP FT. LAUDERDALE FL 33316-1008 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Same Same 1220 East Broward Blvd. Ft. Lauderdale, FL 33301-2134 [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition		

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 *Gale Ciceric Payne* *Gale Ciceric Payne, registered agent 04/16/98*

CR2E034 (10/97)