

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

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

DOCUMENT # **V60932**  
1. Corporation Name

**WEISER C.T.T.T. OF GEORGIA, INC.**

Principal Place of Business      Mailing Address  
**3250 Mary Street  
Suite 208  
Miami, Florida 33133**      **Same**

DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business <b>21</b> Suite Apt #, etc <b>22</b> <b>Suite 203</b> <b>23</b> City & State <b>24</b> Zip <b>25</b> Country	<b>2a.</b> Mailing Address <b>26</b> Suite, Apt #, etc <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	<b>3.</b> Date Incorporated or Qualified <b>8/31/92</b> <b>4.</b> FEI Number <b>58-2034160</b> <b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Terremark Corporate Agents, Inc.**  
**2601 S. Bayshore Drive**  
**19th Floor**  
**Miami, Florida 33133**

**81** Name  
**Richard E. Schatz**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**2200 Museum Tower**  
**83** **150 West Flagler Street**  
**84** City  
**Miami** **FL** **85** Zip Code  
**33130**

**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.

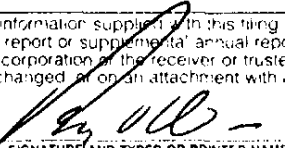
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bradley A. Weiser</b>	1.2 NAME	
STREET ADDRESS	<b>3250 Mary Street, Suite 203</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, Florida 33133</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **Bradley A. Weiser President 3/11/98 305 461 2228**

**700002461707**  
**-03/19/98--01020--002**  
**\*\*\*150.00**

CR2024 (10/97)