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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 521738

1. Corporation Name
PACKMAN, NEUWAHL & ROSENBERG, P.A.

Principal Place of Business Mailing Address
 1500 SAN REMO AVE. #125 1500 SAN REMO AVE. #125
 CORAL GABLES FL 33146 CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1977

4. FEI Number Applied For
59-1712820 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
NEUWAHL, MALCOLM H
1500 SAN REMO AVE
STE 125
CORAL GABLES FL 33146

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DVP GINSBURG, DENNIS**

STREET ADDRESS **1500 SAN REMO AVE #125**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME **VD ROSENBERG, MICHAEL**

STREET ADDRESS **1500 SAN REMO AVE. #125**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME **DSP NEUWAHL, MALCOLM H**

STREET ADDRESS **1500 SAN REMO AVE. #125**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME **DVP STAMEN, ROBERT A**

STREET ADDRESS **1500 SAN REMO AVE #125**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME **DVP SHARE, LESUE A**

STREET ADDRESS **1500 SAN REMO AVE #125**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME **D FINKELMAN, JACK**

STREET ADDRESS **1500 SAN REMO AVE. #125**

CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE **DVP**

1.2 NAME **Jose L. Nunez**

1.3 STREET ADDRESS **1500 San Remo Avenue, #125**

1.4 CITY-ST-ZIP **Coral Gables, FL 33146**

2.1 TITLE Change Addition

2.2 NAME **Mark R. Starkman**

2.3 STREET ADDRESS **1500 San Remo Avnue, #125**

2.4 CITY-ST-ZIP **Coral Gables, FL 33146**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 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 ... Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris Date: 4/28/99 (305) 55-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)