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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

604476

SILVERSTEIN, SILVERSTEIN & SILVERSTEIN, P.A.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. SUITE 504	20801 BISCAYNE BLVD. SUITE 504

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE N. MIAMI BEACH FL 33180-1422 N. MIAMI BEACH FL 33180-1422 3. Date Incorporated or Qualified 07/02/1973 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 Not Applicable 21 59-1465222 Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SILVERSTEIN, MICHAEL J 20801 BISCAYNE BLVD. 82 SUITE 504 83 N. MIAMI BCH FL 33180 Zip Code 3318 0 A4 City Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, 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 obliquitors of Section 607.0505, Florida Statutos. President DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE **PSD** 1.1 TITLE Change Addition NAME SILVERSTEIN, DARRYN L 1.2 NAME 20801 BISCAYNE BLVD. STE 504 STREET ADDRESS 1.3 STREET ADDRESS **NO MIAMI BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 HILE SILVERSTEIN, GREGG A NAME 2 2 NAME STREET ADDRESS 20801 BISCAYNE BLVD. STE 504 2.3 STREET ADDRESS **NO MIAMI BEACH FL** 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZW 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 occurrence expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, or

CITY-ST-ZIP