

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

FILED
May 07 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 # 677324 (6)
 1. Corporation Name
FREUND, FISHER, GOLDSTON & COMPANY, P.A.



Principal Place of Business	Mailing Address
3111 UNIVERSITY DR STE 720 CORAL SPRINGS FL 33065 US	3111 UNIVERSITY DR STE 720 CORAL SPRINGS FL 33065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	07/01/1980	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
City & State		City & State		59-2005908	
24	25	29	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		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				10. Name and Address of New Registered Agent			
FISHER, LAWRENCE 210 UNIVERSITY DR., STE.#301 FT LAUDERDALE, FL CORAL SPRINGS FL 33071				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FISHER, LAWRENCE		12 NAME				
STREET ADDRESS	3111 UNIVERSITY DR, STE 720		13 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FREUND, IRWIN B		22 NAME				
STREET ADDRESS	3111 UNIVERSITY DR, STE 720		23 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		24 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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)(f), 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) Date: 4/20/98 Daytime Phone #: 0154870

CFR2034 (10/97)