

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8: 23

DOCUMENT # K52096 (0)

1. Corporation Name
SADER & ALBERTINE, P.A.

Principal Place of Business % MICHAEL O. ALBERTINE 2400 E COMMERCIAL BLVD., SUITE 318 FT. LAUDERDALE FL 33308	Mailing Address % MICHAEL O. ALBERTINE 2400 E COMMERCIAL BLVD., SUITE 318 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2200 W. Commercial Blvd.	2a. Mailing Address 26 2200 W. Commercial Blvd.
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22 Suite 301	27 Suite 301
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23 Ft. Lauderdale FL	28 Ft. Lauderdale, FL
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24 33309	25 USA	29 33309	30 USA
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3. Date Incorporated or Qualified 12/19/1988	3a. Date of Last Report 05/01/1994
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4. FEI Number 65-0094773	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S 19A 032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**ALBERTINE, MICHAEL O.
2400 E. COMMERCIAL BLVD.
SUITE 318
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name Albertine, Michael O.
82 Street Address (P.O. Box Number is Not Acceptable) 2200 West Commercial Boulevard
83 Suite 301
84 City Ft. Lauderdale, FL
85 Zip Code 33309

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME ALBERTINE, MICHAEL O.	STREET ADDRESS 2400 E. COMMERCIAL BLVD	CITY ST ZIP FT. LAUDERDALE FL
TITLE D	NAME SADER, ROBERT L	STREET ADDRESS 2400 E. COMMERCIAL BLVD	CITY ST ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME Albertine, Michael O.	1.3 STREET ADDRESS 2200 West Commercial Blvd. Ste. 301	1.4 CITY ST ZIP Fort Lauderdale FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE D	2.2 NAME Sader, Robert L.	2.3 STREET ADDRESS 2200 West Commercial Blvd., Ste. 301	2.4 CITY ST ZIP Fort Lauderdale FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addressee.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL ALBERTINE

Date: **4/27/95** Telephone: **305-777-9133**