


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

FILED
Apr 21 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 # L51040 (8)

1. Corporation Name
MARVIN A. KIRSNER, P.A.

| | |
|--|--|
| Principal Place of Business 2255 GLADES ROAD SUITE 300 EAST BOCA RATON FL 33431 | Mailing Address 2255 GLADES ROAD SUITE 300 EAST BOCA RATON FL 33431 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--|---|---|--|--|---|---|
| 2. Principal Place of Business 21 2255 Glades Road Suite, Apt. #, etc. 22 Suite 419 City & State 23 Boca Raton, FL Zip Country 24 33431 25 U.S. | 2a. Mailing Address 26 2255 Glades Road Suite, Apt. #, etc. 27 Suite 419 City & State 28 Boca Raton, FL Zip Country 29 33431 30 U.S. | 3. Date Incorporated or Qualified 02/12/1990 | 4. FEI Number 65-0188182 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---|--|--|---|---|

| | |
|---|--|
| 9. Name and Address of Current Registered Agent KIRSNER, MARVIN A 2255 GLADES ROAD SUITE 300 EAST BOCA RATON FL 33431 | 10. Name and Address of New Registered Agent 81 Name Marvin A. Kirsner 82 Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road 83 Suite 419 84 City Boca Raton FL 85 Zip Code 33431 |
|---|--|

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: *Marvin A. Kirsner* **Marvin A. Kirsner** DATE: **4/13/98**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIRSNER, MARVIN A 2255 GLADES ROAD, SUITE 300 EAST BOCA RATON FL 33431 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D Kirsner, Marvin A. 2255 Glades Road, Suite 419 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: By: *Marvin A. Kirsner* **MARVIN A. KIRSNER, P.A.** DATE: **4/13/98** (561) 912-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0326731

CR2E034 (10/97)