

PAY NOW. FILING FEE AFTER MAY 1 IS \$220.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P38659 (9)
i. Corporation Name
HERTZ, SCHRAM & SARETSKY, P.C.



Principal Place of Business: 1760 S. TELEGRAPH #300 BLOOMFIELD HILLS MI 48302 US
Mailing Address: 777 S FLAGLER DR W PALM BCH FL 33401-6163 US

3. Date Incorporated or Qualified: 05/05/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 38-2408218
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes [] No [X]

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LEON R SCHWED
5530 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710~~

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

1. 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: *Claudia L. Sardi* CLAUDIA L. SARDI, ASST SECRETARY 5/1/97
NOTE: Registered Agent signature required when reinstated DATE

2. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DOVITZ	
STREET ADDRESS	1760 S TELEGRAPH RD STE 300	
CITY-STATE-ZIP	BLOOMFIELD HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERTZ, HOWARD	
STREET ADDRESS	1760 S. TELEGRAPH RD.	
CITY-STATE-ZIP	BLOOMFIELD HILLS MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SARETSKY, GARY M.	
STREET ADDRESS	1760 S. TELEGRAPH RD.	
CITY-STATE-ZIP	BLOOMFIELD HILLS MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORRIS, VICTOR M.	
STREET ADDRESS	1760 S. TELEGRAPH RD.	
CITY-STATE-ZIP	BLOOMFIELD HILLS MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHRAM, BRADLEY J.	
1.3 STREET ADDRESS	1760 S. TELEGRAPH RD.	
1.4 CITY-STATE-ZIP	BLOOMFIELD HILLS MI	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002179235	
6.3 STREET ADDRESS	-05/15/97--01005--029	
6.4 CITY-STATE-ZIP	***165.00	

RAW 5-6-97

CR2E034 (12/95)

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: Daytime Phone #