

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 25, 1999 8:00 am
Secretary of State
 08-25-1999 90001 013 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000031210

1. Corporation Name
HABER & LEWIS, P.A.



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 2 S BISCAYNE BLVD SUITE 3660 MIAMI FL 33131 US | Mailing Address 2 S BISCAYNE BLVD SUITE 3660 SUITE 3660 MIAMI FL 33131 US |
|--|---|

| | |
|---|---|
| 3. Date Incorporated or Qualified 04/28/1993 | |
| 4. FEI Number 65-0404481 | Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Country 30 |

9. Name and Address of Current Registered Agent

LEWIS, HAROLD L ESQ.
2 S BISCAYNE BLVD SUITE 3660
2 SOUTH BISCAYNE BLVD. STE. 3250
MIAMI FL 33131

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HABER, DAVID B | | 1.2 NAME | |
| STREET ADDRESS 2 SOUTH BISCAYNE BLVD., SUITE 3660 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE Vice Pres, Treas., Sec. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEWIS, HAROLD L | | 2.2 NAME | |
| STREET ADDRESS 2 SOUTH BISCAYNE BLVD., SUITE 3660 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(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: _____ **SIGNATURE REQUIRED** 8/16/99 (305)371-2223

CR2E034 (5/99)