

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 APR 21 AM 8:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000036934 (6)

1. Corporation Name
O'CONNELL & GOLDBERG, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 450 NORTH PARK ROAD SUITE 600 HOLLYWOOD FL 33021	Mailing Address 450 NORTH PARK ROAD SUITE 600 HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified 05/21/1993	3a. Date of Last Report 06/13/1994
4. FEI Number 65-0411377	Applied For Not Applicable
5. Certificate of State's Director <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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**SHAPIRO, KENNETH W
 100 N.E. THIRD AVENUE
 SUITE 400
 FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name **BARBARA W. GOLDBERG**
 82 Street Address (P.O. Box Number is Not Acceptable)
450 N. PARK ROAD
 83 **SUITE 600**
 84 City **HOLLYWOOD** FL 85 Zip Code **33021**

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 Barbara W. Goldbey DATE 4/10/95

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	O'CONNELL, JAMES
STREET ADDRESS	450 NORTH PARK ROAD, STE. 600
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	VSD
NAME	GOLDBERG, BARBARA
STREET ADDRESS	450 NORTH PARK ROAD, STE. 600
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 address.

SIGNATURE: Barbara W. Goldbey DATE 3.30.95 SIGNATURE: 964.9012