


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

**FILED**

**May 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>993000036934</b> 1. Corporation Name <b>O'Connell &amp; Goldberg, Inc.</b>			
Principal Place of Business <b>450 North Park Road Suite 600 Hollywood, FL 33021</b>		Mailing Address <b>450 North Park Road Suite 600 Hollywood, FL 33021</b>	
2. Principal Place of Business 21. Subc. Apt. #, etc. 22. City & State 23. Zip		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	
24. Country		29. Country	
3. Date Incorporated or Qualified <b>5/21/93</b>		3a. Date of Last Report <b>1/31/96</b>	
4. FEI Number <b>65-0411377</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Goldberg, Barbara W. 450 N. Park Road Suite 600 Hollywood, FL 33021</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>PTD</b> NAME: <b>O'Connell, James</b> STREET ADDRESS: <b>450 North Park Road, Suite 600</b> CITY-ST-ZIP: <b>Hollywood, FL 33021</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: <b>VSD</b> NAME: <b>Goldberg, Barbara</b> STREET ADDRESS: <b>450 North Park Road, Suite 600</b> CITY-ST-ZIP: <b>Hollywood, FL 33021</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 dated 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: <b>Barbara W. Goldberg</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>BARBARA W. GOLDBERG</b>	
Date: <b>4/29/97</b>		Daytime Phone #: <b>(954) 984-9018</b>	

CR2E034 (9/96)

*Handwritten initials: BW 5-9-97*

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