

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

FILED

**May 04 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 # P93000047149 (8)
1. Corporation Name
CS & A CARANI, STOPNICK & ASSOCIATES, INC.



Principal Place of Business: 19501 NE 10TH AVE. STE 203 NORTH MIAMI BEACH FL 33179 US
Mailing Address: 19501 NE 10TH AVE. STE 203 NORTH MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9650 NW 39TH CT. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 9650 NW 39TH CT. Suite, Apt. #, etc. 27
City & State: 23 COOPER CITY, FL Zip: 24 33024 Country: 25 USA
City & State: 28 COOPER CITY, FL Zip: 29 33024 Country: 30 USA

3. Date Incorporated or Qualified: 07/06/1993
4. FEI Number: 65-0424978 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: STOPNICK, MICHAEL T. 19501 NW 10TH AVE. STE. 203 NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent: 81 Name: STOPNICK, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable): 9650 NW 39TH CT. 83 84 City: COOPER CITY FL 85 Zip Code: 33024

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: *Michael J. Stopnick* MICHAEL J. STOPNICK PRES. 4-22-98 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOPNICK, MICHAEL	
STREET ADDRESS	9650 N.W. 39TH COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CARANI, SHERRY	
STREET ADDRESS	19501 NE 10TH AVE. STE. 203	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P T S	<input checked="" 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 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: *Michael J. Stopnick* MICHAEL J. STOPNICK PRES. 4-22-98 964 437-4066

CR2E034 (10/97)