

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

FILED

**Feb 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 # P94000024286 (4)
1. Corporation Name
BLECKER & LEWINGER, P.A.



| | |
|--|--|
| Principal Place of Business 899 W CYPRESS CREED RD 900 321 FT LAUDERDALE FL 33309 US | Mailing Address 899 W CYPRESS CREED RD 900 321 FT LAUDERDALE FL 33309 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 03/25/1994 | | |
| 4. FEI Number 65-0475980 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**MANDEL, DANIEL S
2101 CORPORATE BLVD
SUITE 300
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name **RICK LEWINGER**
82 Street Address (P.O. Box Number is Not Acceptable)
899 W CYPRESS CREEK #321
83
84 City **FORT LAUDERDALE** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0092 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  DATE **1/30/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLECKER, STEVE | 1.2 NAME |
| STREET ADDRESS | 899 W CYPRESS CREED RD 321 | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWINGER, RICK | 2.2 NAME |
| STREET ADDRESS | 899 W CYPRESS CREED RD 321 | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | FT LAUDERDALE 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  DATE **1/20/98 (98) 093-6-577**

CR2E034 (10/97)