

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

**FILED**  
**May 29 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 # P95000049543**  
 1. Corporation Name

**Unemployed Attorneys II, Inc.**

Principal Place of Business Mailing Address  
**1229 Washington Avenue**  
**Miami Beach, FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/26/95**

4. FEI Number **65-0590106** 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

2. Principal Place of Business 2a. Mailing Address

1. **1229 Washington Avenue** 26. **7222 Red Road**

2. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

3. City & State 28. City & State

3. **Miami Beach, FL** 28. **S. Miami, FL**

4. Zip Country 29. Zip Country

4. **33139 USA** 29. **33143 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Robert A. Gross**  
**1549 Sunset Drive**  
**Coral Gables, FL 33143**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**7222 Red Road**

83

84 City **South Miami** 85 Zip Code **FL 33143**

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 *Robert A. Gross* **Robert A. Gross**

Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D,VP,S,T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert A. Gross</b>	1.2 NAME	<b>Robert A. Gross</b>
STREET ADDRESS	<b>1549 Sunset Drive</b>	1.3 STREET ADDRESS	<b>7222 Red Road</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33143</b>	1.4 CITY-ST-ZIP	<b>S. Miami, FL 33143</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D,P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andrew M. Bellinson</b>	2.2 NAME	<b>Andrew M. Bellinson</b>
STREET ADDRESS	<b>1549 Sunset Drive</b>	2.3 STREET ADDRESS	<b>7222 Red Road</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33143</b>	2.4 CITY-ST-ZIP	<b>S. Miami, FL 33143</b>
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	<b>700002541867</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-06/01/98--01032--004</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***150.00</b>

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.

CR2E034 (10/97)