

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90208 030 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000072008

1. Corporation Name
BRODY, COHEN & WINIG, P.A.



| | |
|---|---|
| Principal Place of Business 1601 FORUM PLACE STE 404 WEST PALM BEACH FL 33401 | Mailing Address 1601 FORUM PLACE STE 404 WEST PALM BEACH FL 33401 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 304 | 2a. Mailing Address 26 Suite, Apt. #, etc. Suite 304 |
| 23 City & State | 28 City & State |
| 24 Zip Country | 29 Zip Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 08/23/1996 | Applied For No: Applicable |
| 4. FEI Number 65-0698683 | 8.75 Additional Fee Required |
| 5. Certificate of Status Desired <input type="checkbox"/> | 5.00 May Be Added to Fees |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

BRODY, ROBERT
 1601 FORUM PLACE STE 404
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place Suite 304 | 33401 |
| 83 | |
| 84 City West Palm Beach FL | |

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 Brody* DATE **4/23/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRODY, ROBERT | 1.2 NAME | Same except change to Suite 304 |
| STREET ADDRESS | 1601 FORUM PLACE STE 404 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 1.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, RICHARD S | 2.2 NAME | Same except change to Suite 304 |
| STREET ADDRESS | 1601 FORUM PLACE STE 404 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 2.4 CITY-ST-ZIP | |
| TITLE | VPSD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINIG, STEVEN L | 3.2 NAME | Same except change to Suite 304 |
| STREET ADDRESS | 1601 FORUM PLACE STE 404 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 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, with all other like empowered.

SIGNATURE: *Robert Brody, President* DATE **4/23/99** DAYTIME PHONE # **561-684-9100**

CR2E034 (1/98)