

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

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May 20 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 # P97000082474 (2)
1. Corporation Name
STEINGER & ISCOE, P.A.



Principal Place of Business: NORTHBRIDGE CENTRE, 515 N. FLAGLER DRIVE, #300-PAVILION, WEST PALM BEACH FL 33401
Mailing Address: NORTHBRIDGE CENTRE, 515 N. FLAGLER DRIVE, #300-PAVILION, WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 09/22/1997

2. Principal Place of Business: 1645 Palm Beach Lakes Blvd., Suite 500, West Palm Beach, FL 33401, USA
2a. Mailing Address: 1645 Palm Beach Lakes Blvd., Suite 500, West Palm Beach, FL 33401, USA

4. FEI Number: 65-0783837
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: STEINGER, MICHAEL S. ESQ., NORTHBRIDGE CENTRE, 515 N. FLAGLER DRIVE, #300-PAVILION, WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent: 81 Name: Michael S. Steinger, 82 Street Address: 1645 Palm Beach Lakes Blvd., Suite 500, 83 City: West Palm Beach, FL, 84 Zip Code: 33401

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 S. Steinger* MICHAEL S. STEINGER 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	STEINGER, MICHAEL S. ESQ.	1.2 NAME	Michael S. Steinger, Esq.
STREET ADDRESS	515 N. FLAGLER DRIVE, #300-PAVILION	1.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., STE. 500
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: *Michael S. Steinger*

CR2E034 (10/97)