

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 AUG -4 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0028193

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000109112 (7)
 1. Corporation Name
SILBERBERG ASSOCIATES, INC.

Principal Place of Business Mailing Address
 3300 UNIVERSITY DRIVE SUITE 627 CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1997
 4. FEI Number: 11-2484395 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
 NEIMARK, CORT A
 800 CORPORATE DRIVE
 SUITE 420
 FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
 81 Name: Brian M. Silberberg
 82 Street Address (P.O. Box Number is Not Acceptable): 10311 NW 49 Ct
 83
 84 City: Coral Springs FL 85 Zip Code: 33076

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: *Brian M. Silberberg*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silberberg, Irving M.	1.2 NAME	
STREET ADDRESS	14 Kings Point Road	1.3 STREET ADDRESS	700002608277--9
CITY-ST-ZIP	East Hampton, NY 11937	1.4 CITY-ST-ZIP	-08/05/98--01092--004
TITLE	CPS	2.1 TITLE	****150.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Silberberg, Brian M.	2.2 NAME	
STREET ADDRESS	10311 NW 49 Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33070	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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.

CR2E034 (5/98)

8/14

SIGNATURE: *Brian M. Silberberg* 7-24-98