

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

FILED
Apr 09 1998 8:00am
Secretary of State



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

CORPORATION
ANNUAL REPORT
1998

DOCUMENT # 391520
1. Corporation Name
FREDERIC H. BERLOWE ASSOCIATES, INC.

Principal Place of Business: 420 S. Dixie Hwy., Ste. 2-R Coral Gables, FL 33146
Mailing Address: 420 S. Dixie Hwy., Ste. 2-R Coral Gables, FL 33146

Amendment

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/17/1971
4. FLE Number: 59-1370874 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

9. Name and Address of Current Registered Agent
Berlowe, Frederic
420 S. Dixie Hwy., Ste. 2-R
Coral Gables, FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ (Name) (Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BERLOWE, FREDERIC H	
STREET ADDRESS	420 S DIXIE HWY STE 2-R	
CITY-STATE-ZIP	CORAL GABLES FL 33146	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BERLOWE, SONDR	
STREET ADDRESS	420 S DIXIE HWY STE 2-R	
CITY-STATE-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERLOWE, PETER E.	
STREET ADDRESS	420 S DIXIE HWY STE 2-R	
CITY-STATE-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.2 NAME	
21.3 STREET ADDRESS	
21.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.2 NAME	
31.3 STREET ADDRESS	
31.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.2 NAME	
41.3 STREET ADDRESS	
41.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.2 NAME	
51.3 STREET ADDRESS	
51.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.2 NAME	
61.3 STREET ADDRESS	
61.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I hereby certify that the information supplied with this filing document qualifies for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information included 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. 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 or changed or re-appointed herein with an address.

SIGNATURE: *Sandra Berlowe* (SONDRA BERLOWE)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98 (305) 665-5418

CR2E034 (10/97)