

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 441749 (9)

1. Corporation Name
MICHAEL A. SHIFF AND ASSOCIATES, INC.



Principal Place of Business 2701 W. OAKLAND PARK BLVD #300 OAKLAND PARK FL 33311	Mailing Address 2701 W. OAKLAND PARK BLVD #300 OAKLAND PARK FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1103 E. Las Olas Blvd Suite, Apt. #, etc. 22 Suite 200 City & State 23 Fort Lauderdale, Fla Zip Country 24 33301 25 Braum 29 33301 30 Braum	2a. Mailing Address 26 1103 E. Las Olas Blvd Suite, Apt. #, etc. 27 Suite 200 City & State 28 Fort Lauderdale, Fla Zip Country
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3. Date Incorporated or Qualified 12/13/1973	4. FEI Number 59-1500322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHIFF (MICHAEL A.)
~~2701 W. OAKLAND PARK BLVD #300~~
~~OAKLAND PARK FL 33311~~
 1103 E. Las Olas Blvd
 Suite 200
 Fort Lauderdale, Fla 33301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFF, MICHAEL A	1.2 NAME	
STREET ADDRESS	2701 W OAKLAND PK BL	1.3 STREET ADDRESS	1103 E. Las Olas Blvd #200
CITY-ST-ZIP	OAKLAND PARK, FL 00000	1.4 CITY-ST-ZIP	Fort Lauderdale, Fla 33301
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, ROSS	2.2 NAME	
STREET ADDRESS	5969 NW 21 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 00000	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 of 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 in an attachment with an address.

SIGNATURE:  Michael A Shiff 1/21/98 954-442-8900

CR2E034 (10/97)