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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

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ROSENBERG, MURRAY, C.P.A. P.A.

**FILED** 

Jan 15 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address
2500 EAST HALLANDALE BEACH BLVD. HALLANDALE EL 33009	2500 EAST HALLANDALE BEACH BLVD.

DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-1643107 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zgo Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENBERG, MURRAY 2500 EAST HALLANDALE BEACH BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 83 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. (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change 1.1 1011.6 PRES Addition 12 NAME

SIGNATURE 12. TITLE ROSENBERG, MURRAY NAME 4001 S OCEAN DR STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 14 CITY-ST-Z(P DELLIE ☐ Change Addition TITI F 21 TILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELLITÉ 3.1 TITLE ☐ Change Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DLLETE TITLE 4.1 1111.6 ☐ Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 DILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 addross Murray Rosenberg