

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

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Apr 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 # 600129 (1)
1. Corporation Name
DRS. SHUSTER & REICHBACH, P.A.

Principal Place of Business Mailing Address
16800 N.W. 2ND AVE. 16800 N.W. 2ND AVE.
MIAMI FL 33169 MIAMI FL 33169

Note change below



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2968 Aventura Blvd		26 2968 Aventura Blvd		05/07/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0971957	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Aventura FL		28 Aventura FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24 33180		29 33180		30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHUSTER, F. 16800 N.W. 2ND AVE. MIAMI FL 33169		81 Name REICHBACH, E. J.	
		82 Street Address (P.O. Box Number is Not Acceptable) 2968 Aventura Blvd	
		83	
		84 City Aventura FL 85 Zip Code 33180	

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 *Frederick Shuster (Pres)* *Frederick Shuster (Pres)* 4-15-98
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	PD	1.1 TITLE	PD
NAME	SHUSTER, F	1.2 NAME	SHUSTER, F.
STREET ADDRESS	16800 NW 2ND AVE - delete	1.3 STREET ADDRESS	2968 Aventura Blvd.
CITY - ST - ZIP	MIAMI, FL 00000 - delete	1.4 CITY - ST - ZIP	Aventura, FL 33180
TITLE	VD	2.1 TITLE	VD
NAME	REICHBACH, E J	2.2 NAME	REICHBACH, E. J.
STREET ADDRESS	16800 NW 2ND AVE - delete	2.3 STREET ADDRESS	2968 Aventura Blvd.
CITY - ST - ZIP	MIAMI, FL 00000 delete	2.4 CITY - ST - ZIP	Aventura, FL 33180
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Frederick Shuster* FREDERICK SHUSTER 3/15/98 (305) 9334600
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0236459

CR2E034 (10/97)