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 # 600186

(1)

DRS. SEGAL & BERG, P. A.

FILED Apr 30 1998 8:00am Secretary of State



198

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Principal Plac	e of Business	Mailing Address			
7100 W 20 A	NVE	7100 W 20 AVE			
#403	22016	#403			DO NOT WRITE IN THIS SPACE
HIALEAH FL 33016 US		Hialeah fl 33916 US			3. Date Incorporated or Qualified 06/28/1963
9 Princinal P	lace of Business	2a. Mailing Address			
21		— ĭ			4. FEI Number Applied For Not Applicab
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$0.7E Additional
22		27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Intargible
24	25		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent		.т	10. Name and Address of New Registered Agent
	irg, Elliot H.		8	Name	
	00 W 20 AVE		e	Street A	Address (P.O. Box Number is Not Acceptable)
#403					
HU	ALEAH FL 33016	•	8	3	
	,	,	8	City	FL 85 Zip Code
SIGNATURE	Signature, typod or printed name of registerer age	on and title if prolicable (NOTE:			corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered
12.	OFFICE S AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D	DELETE	1.1 TITLE		Change Addition
NAME	SEGAL, GEORGE		1.2 NAME	i	
STREET ADDRESS	7100 W 20 AVE #403		1.3 STRE	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-	ST-ZIP	
TITLE	8/D	DELETE	21 TITLE	ĺ	$P/S/D$ Schange \square Addition
NAME	BERG, ELIOT		2 2 NAME		
STREET ADDRESS	7100 W 20 AVE #403		23 STREE	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY	-ST-ZIP	·
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	
TITLE		DELETE	4.1 TITLE	T	Change Addition
NAME			4. 2 NAM	:	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	T	Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u></u>
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T 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 suppliemental 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.

Block 12 of Block 13 is changed, of the attacking the fit with all actions