


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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 600541 (7)</b> 1. Corporation Name <del>FROMBERG, FROMBERG, LEWIS &amp; BRECKER, P.A.</del> Fromberg, Fromberg, Brecker, Slatoff, Beskin, Kornik & Shienvold, P.A.					
Principal Place of Business 20801 BISCAYNE BLVD. SUITE 505 N. MIAMI BEACH FL 33180			Mailing Address 20801 BISCAYNE BLVD. SUITE 505 N. MIAMI BEACH FL 33180		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1221878	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS 20801 BISCAYNE BLVD. SUITE 505 AVENTURA, FL 33180				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FROMBERG, LYNN W				
STREET ADDRESS	20801 BISCAYNE BLVD #505				
CITY-ST-ZIP	AVENTURA, FL				
TITLE	VSTD	<input type="checkbox"/> DELETE			
NAME	FROMBERG, MALCOLM H				
STREET ADDRESS	20801 BISCAYNE BLVD #505				
CITY-ST-ZIP	AVENTURA, FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	LEWIS, ALAN J.				
STREET ADDRESS	20801 BISCAYNE BLVD #505				
CITY-ST-ZIP	AVENTURA, FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	BRECKER, CHARLES D.				
STREET ADDRESS	20801 BISCAYNE BLVD., #505				
CITY-ST-ZIP	AVENTURA, FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME		Robert T. Slatoff			
1.3 STREET ADDRESS		20801 Biscayne Blvd #505			
1.4 CITY-ST-ZIP		Aventura, FL			
2.1 TITLE		VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME		Jay R. Beskin			
2.3 STREET ADDRESS		20801 Biscayne Blvd #505			
2.4 CITY-ST-ZIP		Aventura, FL			
3.1 TITLE		VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME		Gary H. Kornik			
3.3 STREET ADDRESS		20801 Biscayne Blvd #505			
3.4 CITY-ST-ZIP		Aventura, FL			
4.1 TITLE		VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME		Michael P. Shienvold			
4.3 STREET ADDRESS		20801 Biscayne Blvd #505			
4.4 CITY-ST-ZIP		Aventura, FL			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME		200002413882			
6.3 STREET ADDRESS		-01/28/98--01007--007			
6.4 CITY-ST-ZIP		***150.00			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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: \_\_\_\_\_

PRE: \_\_\_\_\_

1/15/98 305-932-7800