

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90119 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600541

1. Corporation Name
FROMBERG, PERLOW, BRECKER, SLATOFF, BESKIN, KORN
IK & 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/31/1968		4. FEI Number 59-1221878 Applied For 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		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. 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

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FROMBERG, LYNN W			1.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD #505			1.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL			1.4 CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FROMBERG, MALCOLM H			2.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD #505			2.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLATOFF, ROBERT T			3.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD #505			3.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRECKER, CHARLES D.			4.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD., #505			4.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BESKIN, JAY R			5.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD., #505			5.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KORNIK, GARY H			6.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD., #505			6.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL			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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)