


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

FILED
Mar 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
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DOCUMENT # 601358 (5)

1. Corporation Name
ABRAMS ANTON P.A.



Principal Place of Business 2021 TYLER STREET PO OFFICE BOX 22910 HOLLYWOOD FL 33020-4518	Mailing Address 2021 TYLER STREET PO OFFICE BOX 22910 HOLLYWOOD FL 33020-4518
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/04/1969	
4. FEI Number 59-1272055	Applied For <input type="checkbox"/> 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
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	

9. Name and Address of Current Registered Agent

SCHNEIDER, REUBEN M.
2021 TYLER STREET
HOLLYWOOD FL 33020

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COHN, ALAN B.
STREET ADDRESS	2021 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEINS, JACK F.
STREET ADDRESS	2021 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GLASSER, GENE
STREET ADDRESS	2021 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHNEIDER, REUBEN M.
STREET ADDRESS	2021 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GARCIA, MAURICE
STREET ADDRESS	2021 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	BLAUT, MILTON
STREET ADDRESS	2021 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
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 *Reuben M. Schneider* 3/18/98

CP2E034 (10/97)