

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 602107 (5)

1. Corporation Name
ROSEN, ROSEN & KREILING, P.A.



Principal Place of Business PARKWAY PROFESSIONAL BUILDING 6151 MIRAMAR PARKWAY, SUITE 101 MIRAMAR FL 33023	Mailing Address PARKWAY PROFESSIONAL BUILDING 6151 MIRAMAR PARKWAY, SUITE 101 MIRAMAR FL 33023-3995
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/21/1970	3a. Date of Last Report 04/26/1996
21 4000 Hollywood Blvd Suite, Apt. #, etc.	26 4000 Hollywood Blvd Suite, Apt. #, etc.	4. FEI Number 59-1292235	Applied For Not Applicable
22 Suite 725 S City & State	27 Suite 725 S City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Hollywood, FL Zip Country	28 Hollywood, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33021	25	29 33021	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSEN, RONALD ESQ. 6151 MIRAMAR PARKWAY MIRAMAR FL 33023		81 Name Rosen, Ronald Esq.	82 Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd
		83 Suite 725 S	84 City Hollywood
		85 Zip Code FL 33021	

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: *Ronald Rosen* **Ronald Rosen** DATE: **4-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, HARRY M		1.2 NAME Rosen, Harry M	
STREET ADDRESS 6151 MIRAMAR PARKWAY		1.3 STREET ADDRESS 1625 N Commerce Pkwy # 225	
CITY-ST-ZIP MIRAMAR FL		1.4 CITY-ST-ZIP Weston, FL 33326	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, RONALD		2.2 NAME Rosen, Ronald	
STREET ADDRESS 6151 MIRAMAR PARKWAY		2.3 STREET ADDRESS 4000 Hollywood Blvd # 725 S	
CITY-ST-ZIP MIRAMAR FL		2.4 CITY-ST-ZIP Hollywood, FL 33021	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KREILING, EDWARD		3.2 NAME Kreiling, Edward	
STREET ADDRESS 6151 MIRAMAR PARKWAY		3.3 STREET ADDRESS 1625 N Commerce Pkwy # 225	
CITY-ST-ZIP MIRAMAR FL		3.4 CITY-ST-ZIP Weston, FL 33326	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]*

CR2E034 (9/96)