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

CITY-ST-ZIP

Feb 24 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 602496 DR. BERNARD GOLDSTEIN, P.A. Principal Place of Business Mailing Address 13615 BRUCE B DOWNS BLVD 13615 BRUCE 8 DOWNS BLVD #112 **TAMPA FL 33613** TAMPA FL 33613 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1305394 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes □ No Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOLDSTEIN, BERNARD 81 Name 13615 BRUCE B DOWNS BLVD #112 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 83 84 City 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 1 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE **GOLDSTEIN, BERNARD** NAME 1.2 NAME CR2E034 13615 BRUCE 8. DOWNS BLVD., #112 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA, FL 00000** 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TETLE 2.1 TITLE GOLDMAN, ARNOLD NAME 22 NAME 13615 BRUCE B. DOWNS BLVD., #112 STREET ADDRESS 2.3 STREET ADDRESS TAMPA. FL 00000 CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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.

FILED