


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

FILED

Jan 26 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 # 604177 (6)
1. Corporation Name
KORNREICH, CASEY, CROSLAND & BRAMNICK, P.A.



Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 3800, 1ST UNION FIN CNTR MIAMI FL 33131-2338 US	Mailing Address 200 S. BISCAYNE BLVD. SUITE 3800, 1ST UNION FIN CNTR. MIAMI FL 33131-2338 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/22/1973 4. FEI Number 59-1448153 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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BRAMNICK, JAMES S 200 S BISCAYNE BLVD., STE 3600 MIAMI FL 33131	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
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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 NAME KORNREICH, DAVID V. STREET ADDRESS 255 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO FL 32801	1.1 TITLE	STD NAME BRAMNICK, JAMES S. 1.2 STREET ADDRESS 10220 S.W. 60th AVENUE 1.3 CITY-ST-ZIP MIAMI, FL 33156
TITLE	SVPD NAME CROSLAND, JAMES C. STREET ADDRESS 6375 SW 116TH STREET CITY-ST-ZIP MIAMI FL 33156	2.1 TITLE	VP NAME JOHNSON, CARMEN S. 2.2 STREET ADDRESS 6952 S.W. 149th TERRACE 2.3 CITY-ST-ZIP MIAMI, FL 33158
TITLE	VP NAME ROGERS, GORDON D STREET ADDRESS 1609 SE 12TH STREET CITY-ST-ZIP FT. LAUDERDALE FL 33316	3.1 TITLE	AVP NAME MANDEL, JEFFREY E. 3.2 STREET ADDRESS 2912 S. SYMORAN BOULEVARD #8 3.3 CITY-ST-ZIP ORLANDO, FL 32822
TITLE	SVPD NAME CASEY, MICHAEL W. III STREET ADDRESS 16060 SW 77TH COURT CITY-ST-ZIP MIAMI FL 33157	4.1 TITLE	
TITLE	VP NAME GRONDA, JOHN D. STREET ADDRESS 1560 S.W. 5TH AVENUE CITY-ST-ZIP BOCA RATON FL 33432	5.1 TITLE	
TITLE	VP NAME HEIDMANN, PAUL C. STREET ADDRESS 1139 OBISPO AVE. CITY-ST-ZIP CORAL GABLES FL 33134	6.1 TITLE	

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: James S. Bramnick

1-19-98 (305) 358-5500

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