

7-23-98 B 8108

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 604659 (3)  
 1. Corporation Name  
 ABRAMS, ABRAMS & ETTER, P.A.



Principal Place of Business: 600 BRICKELL AVENUE SUITE 1115 MIAMI FL 33131  
 Mailing Address: 600 BRICKELL AVENUE SUITE 1115 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1973

4. FEI Number: 59-1509428

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent  
 ABRAMS, IRA, ESQ  
 3341 CORNELIA DRIVE  
 COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
 701 Brickell Key Dr # 2204

83.

84. City Miami FL 85. Zip Code 33131

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]* DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | DS                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABRAMS, IRA         | 1.2 NAME  |   |
| STREET ADDRESS             | 3341 CORNELIA DRIVE | 1.3 STREET ADDRESS                                    | 800 Brickell Ave # 1115   |
| CITY-ST-ZIP                | COCONUT GROVE FL    | 1.4 CITY-ST-ZIP                                       | Miami FL 33131  |
| TITLE                      | P                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABRAMS, BRENDA      | 2.2 NAME  |   |
| STREET ADDRESS             | 3341 CORNELIA DRIVE | 2.3 STREET ADDRESS                                    | 800 Brickell Ave # 1115   |
| CITY-ST-ZIP                | COCONUT GROVE FL    | 2.4 CITY-ST-ZIP                                       | Miami FL 33131  |
| TITLE                      | D                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABRAMS, BRENDA      | 3.2 NAME  |   |
| STREET ADDRESS             | 3341 CORNELIA DRIVE | 3.3 STREET ADDRESS                                    | 800 Brickell Ave # 1115   |
| CITY-ST-ZIP                | COCONUT GROVE FL    | 3.4 CITY-ST-ZIP                                       | Miami FL 33131  |
| TITLE                      | V                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ETTER, JEANNIE      | 4.2 NAME  |   |
| STREET ADDRESS             | 3341 CORNELIA DR    | 4.3 STREET ADDRESS                                    | 800 Brickell Ave # 1115   |
| CITY-ST-ZIP                | MIAMI FL            | 4.4 CITY-ST-ZIP                                       | Miami FL 33131  |
| TITLE                      |                     | 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                      |                     | 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 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 (5/98)