

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90169 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 604659

1. Corporation Name
ABRAMS, ABRAMS & ETTER, P.A.

Principal Place of Business 800 BRICKELL AVENUE SUITE 1115 MIAMI FL 33131	Mailing Address 800 BRICKELL AVENUE SUITE 1115 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/07/1973	
4. FEI Number 59-1509428	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 the current year Intangible Personal Property Tax.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

ABRAMS, IRA, ESQ
701 BRICKELL KEY DR
#2204
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **Jeannie Etter**

82 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Ave. Suite #1115

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 *Jeannie Etter* DATE **3-3-99**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DS	<input type="checkbox"/>
NAME	ABRAMS, IRA	
STREET ADDRESS	800 BRICKELL AVE #1115	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/>
NAME	ABRAMS, BRENDA	
STREET ADDRESS	800 BRICKELL AVE #1115	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/>
NAME	ABRAMS, BRENDA	
STREET ADDRESS	800 BRICKELL AVE #1115	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/>
NAME	ETTER, JEANNIE	
STREET ADDRESS	800 BRICKELL AVE #1115	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	DV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Jeannie Etter		
4.3 STREET ADDRESS	800 Brickell Ave. #1115		
4.4 CITY-ST-ZIP	miami Fl. 33131		
5.1 TITLE	1	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *Jeannie M. Etter* DATE **3-3-99** (305) 539-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)