

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

FILED
Mar 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 # 686865 (7)
1. Corporation Name
DAVID BORSTEIN, INC.

Principal Place of Business
9086 CYPRESS GREEN DR.
JACKSONVILLE FL 32256

Mailing Address
9086 CYPRESS GREEN DR.
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9116 CYPRESS GR. DR. Suite, Apt. #, etc. 7 City & State JACKSONVILLE, FLA Zip 32256 Country USA		2a. Mailing Address 26 9086 CYPRESS GREEN DR. Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 09/08/1980	
22		27		4. FEI Number 59-2023001	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent BORSTEIN, DAVID 9086 CYPRESS GREEN DR. JACKSONVILLE FL 32256		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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSTEIN, DAVID	1.2 NAME	
STREET ADDRESS	8974 BROOKSHIRE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSTEIN, EVELYN S	2.2 NAME	
STREET ADDRESS	8974 BROOKSHIRE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSTEIN, CHARLES A.	3.2 NAME	
STREET ADDRESS	12757 LOCREN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSTEIN, DONALD K.	4.2 NAME	
STREET ADDRESS	8607 DEERMOSSE WAY E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
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:

DAVID BORSTEIN

David Borstein

3/23/98

904-791-0354

CR2E034 (10/97)