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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 839254

(0)

R.E. GOLDSTEIN, AGENCY, INC.

FILED										
Feb 04 1998 8:00am										
Secretary of State										



Principal Place of Business Mailing Address												BUT BIBIL SBÖL	
6769D MONTEGO BAY BLVD PO BOX 276160 BOCA RATON FL 33427-6160				6769D MONTEGO BAY BLVD PO BOX 276160 BOCA RATON FL 33427-6160					DO NOT WRITE IN THIS SPACE				
US				US					3. Date Incorporated or Qualified				
2. Principal P	Place of Busin	ness.		2a. Mailing A	ddress				10/05/1977 4. FEI Number			Applied For	
21			ŀ	26					22-1977355				
Suite, Apt.	#, etc.			Suite, Apt. #, etc.								Additional	
22			Ī	27					5. Certificate of Status Desired			Required	
City & Stat	le			City & State					6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution			to Fees	
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible					
24 25				29 30				Personal Property Tax due June 30. Yes No					
g, Name and Address of Current Registered Agent							Nam		10. Name and Address of New	Hegistered	Agent		
	LOSTEIN, F		_			81	Inam	e					
1		GO BAY BLV	TD .	į			Stree	t Addres	ss (P.O. Box Number is Not Accep	table)			
BO	ICA RATON	FL 33433				83							
1						00						ľ	
Ī						84	City			FL	65 Zip	Code	
11 Pursuant	to the provis	ions of Sections	607.0602.ar	nd 607 1508 E	torida Statutes	the abov	e-name	d cornor	ration submits this statement for th	e purpose o	Changing	its registered	
office or r	regi ste red ag	ent, or both, in	the State of F	Florida, Such cl	hange was au	thorized b	y the co	orporation	n's board of directors. I hereby ac	cept the app	ointment a	s registered	
1 -	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	Signature, typed	or printed name of re	gistered agont an	nd littin if applicable	(NOTE F	Registered Ag	ent signati	ure required	when reinstating)	DATE]	
12.		OFFIC	CERS AND D			13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE	P				DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME		EIN, R E				1.2 NAME							
STREET ADDRESS		IONTEGO BA	Y BLVD			13 STREET	ADDRESS	3				ļ	
CITY-ST-ZIP		ATON FL			T = = = = = = = = = = = = = = = = = = =	1.4 C(TY -)	T-ZIP						
TITLE	VP			L.] DELETE	2.1 TITLE		ľ			L Change	☐ Addition	
NAME		EIN, JOSEPH	М.			2.2 NAME							
STREET ADDRESS		110TH AVE				2.3 STREET		3				1	
CITY-ST-ZIP	PLANTA	HON FL			DELETE	2.4 CITY-	ST-ZIP				Change	Addition	
TITLE	S	THE OVAITOR		<u></u>	I DETEI E	3.1 TITLE]			L Change	Addriller	
NAME STREET ANABESE		'EIN, CYNTHI/ I'ONTEGO BA				3.2 NAME	ADDOCCO					ł	
STREET ADDRESS		ATON FL	I OLVU			3.3 STREET		` \					
CITY-ST-ZIP TITLE	DUUA N	AIUN FL			DELETE	3.4. CITY - 4.1 TITLE	01-ZIP	 			Change	Addition	
NAME					· -	4. 2 NAME							
STREET ADDRESS						4.3 STREET	ADDRESS	.				1	
CITY-ST-ZIP						4.4 CITY- S							
TITLE					DELETÉ	5.1 TITLE	11-611	+			Change	Addition	
NAME						5.2 NAME					J		
STREET ADDRESS						5.3 STREET	ADDRESS	;				ŀ	
CITY-ST-ZIP						5.4 CITY - S							
TITLE		······································			DELETE	6.1 TITLE			·····		Change	Addition	
NAME						6.2 NAME							
STREET ADDRESS						63 STREET	ADDRESS	;				ľ	
CITY-ST-ZIP						6.4 CITY - S							

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 trusted 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.