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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

**FILED** Jan 22 1997 8:00am Secretary of State

OCUMENT Corporation Name	#	F24/9/	
OOI POTOTION MOINE			

JEROME M. ROSENBLUM, P.A.

Principal Place of Business 2450 HOLLYWOOD BLVD. 401 HOLLYWOOD FL 33020 US		401	2450 HOLLYWOOD BLVD.							
						3. Date Incorporated or Qualified				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Ap	plied For	
21		26				59-2095383			t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State	2	City & State	*******			6. Election Campaign Financing		\$5.00	<u> </u>	
23		28				Trust Fund Contribution		Added t		
Zφ	Country	Zip	Cou	ntry		8. This corporation has liability for i			. 199,032,	
24	25	29	30		···············			∐ No		
	9. Name and Address of Cur	rent Registered Agent		B1	Name	10. Name and Address of New Re	jistered	Agent		
	ENBLUM, JEROME M		}	۱"	Name			1		
	) Hollywood Blvd. Te 401			62	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
	LYWOOD FL 33020		•	83						
1			}	84	·· <del>····</del>		<del></del>	T1 3:- /		
			ļ	84	City		FL	85 Zip (	Code	
office or r	to the provisions of Sections 607 to egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa	s authorized	yd b	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose o	f changing it pointment as	s registered registered	
SIGNATURE	<del></del>						D. A. ST.			
12.	Signatus, hypotoripri his name of registered OFFICERS	AND DIRECTORS	13.	1 Agen	enuçer erurangia ti	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTOR	S IN 12	
TITLE	PSTD	DELETE	1.1 1))	LE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
NAME	ROSENBLUM, JEROME M.	<del></del>	1.2 NA	ME						
STREET ADDRESS	2450 HOLLYWOOD BLVD.,	#401	1.3 ST	REET A	ADDRESS					
CITY-ST-ZiP	HOLLYWOOD FL		1.4 CF	TY-ST	- ZIP					
1:71.6		DELETE	2.1 TIT	LE				Change	Addition	
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 \$1	REET #	ADDRESS					
CITY-ST-ZIF			2. 4 CI		T-ZIP					
TITLE		☐ DELETE	3.1717					L Change	L Addition	
NAME			3. NA							
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STREET ADDRESS			1 .		ADDRESS					
CITY-ST-ZIP				TY-\$1	l l				;	
THUE		DELETE	6.1 TII				<del></del>	☐ Change	Addition	
NAME		_	6.2 NA					-		
STREET ADORESS					ADDRESS					

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lemental armusl report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied information and cated on this annual report or pup. I am an officer or directly of the corporation or the

SIGNATURE: