

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



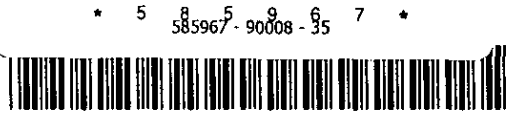
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90008 035 ***550.00

DOCUMENT # **F53885**
orporation Name
R. STEPHEN OPPENHEIMER P.A.

Principal Place of Business
**N ROOSEVELT BLVD
WEST FL 33040**

Mailing Address
**1708 N. ROOSEVELT BLVD.
KEY WEST FL 33040
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/17/1981	
Suite, Apt. #, etc.		26		4. FEI Number 59-2171030	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
LEVY, KIM 1540 BROADWAY FT. MYERS FL		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City FL 85 Zip Code			

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
PD OPPENHEIMER, STEPHEN 129 KEY HAVEN RD KEY WEST, FL 00000		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ZIP		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		2.2 NAME	
1.4 CITY-ST-ZIP		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP			

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 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 6-29-99

CR2E034 (5/99)