


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F87453 (9)</b>					
1. Corporation Name <b>BLOOM &amp; WARFMAN, P.A.</b>					
Principal Place of Business <b>1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131</b>			Mailing Address <b>1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21 SHAPO, FREEDMAN &amp; BLOOM</b>			3. Date Incorporated or Qualified <b>06/08/1982</b>		
22 Suite, Apt. #, etc. <b>200 SOUTH BISCAYNE, STE. 4750</b>			4. FEI Number <b>59-2195838</b>		
23 City & State <b>MIAMI, FL</b>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
24 Zip <b>33131</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
25 Country			7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>BLOOM, LEONARD H 1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131</b>			10. Name and Address of New Registered Agent		
			81 Name <b>SOUTH FLORIDA RESIDENT AGENTS, INC.</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>FIRST UNION FINANCIAL CENTER</b>		
			83 <b>200 SOUTH BISCAYNE BLVD, SUITE 4750</b>		
			84 City <b>MIAMI</b>		
			85 Zip Code <b>FL 33131</b>		
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		LEONARD H. BLOOM, V/S		4/16/98	
12. OFFICERS AND DIRECTORS					
TITLE	STDP	<input type="checkbox"/> DELETE			
NAME	BLOOM, LEONARD H				
STREET ADDRESS	1101 BRICKELL AVE #1400				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	NORTMAN, WILLIAM				
STREET ADDRESS	1101 BRICKELL AVE #1400				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	STDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	BLOOM, LEONARD H.				
1.3 STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 4750				
1.4 CITY-ST-ZIP	MIAMI, FL 33131				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
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					

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:

*Leonard H. Bloom*

4/15/98

258-4440

CR2E034 (10/97)