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 # F89470

STANLEY E. ISRAEL, P.A.

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip

450 NORTH PARK ROAD, SUITE 805 HOLLYWOOD FL 33021

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

450 NORTH PARK ROAD, SUITE 805 HOLLYWOOD FL 33021

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1982 4. FEI Number Applied For 59-2204515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □ No

25	[29]	[30]
9. Name and Address of	Current Registered Age	ent
ISRAEL, STANLEY E 450 NORTH PARK ROAD, SU HOLLYWOOD FL 33021	IITE 805	

Country

31	Name				
12	Street Address (P.O. Box Number is Not Acceptable)				
33					
34	City	FI	85	Zip Code	

10. Name and Address of New Registered Agent

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

Country

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 DATE										
12.	OFFICERS AND DIRECTORS	13.		OFFICERS AND DIRECTOR	RS IN 12					
TITLE	PD DELETE	1.1 TITLE		Change	Addition					
NAME	ISRAEL, STANLEY E	1.2 NAME								
STREET ADDRESS	450 NORTH PARK ROAD, SUITE 805	1.3 STREET ADDRESS								
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP			13					
TITLE	DELETE	21 TITLE		Change	Addition					
NAME		2.2 NAME								
STREET ADDRESS		2.3 STREET ADDRESS		-						
CITY-ST-ZIP		2. 4 CITY - ST - ZIP								
TITLE	☐ DELETE	3.1 TITLE		Change	Addition					
NAME		3.2 NAME			İ					
STREET ADDRESS		3.3 STREET ADDRESS			ļ					
CITY-ST-ZIP		3.4. CITY-ST-2IP								
TOLE	☐ DELETE	4.1 TITLE	• •	☐ Change	☐ Addition					
NAME		4. 2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	☐ DELETE	5.1 TITLE	,	Change	Addition					
NAME		5.2 NAME	•							
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY - ST - ZIP								
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition					
NAME		6.2 NAME			ĺ					
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 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 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 required suppowered 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 allocoment with an address

954.967 2526