

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 19 PM 12: 01

DOCUMENT # F93000003767
1. Corporation Name

Siff Rosen P.C.

Principal Place of Business: **233 BROADWAY NEW YORK, NY 10279-0118**
Mailing Address: **233 BROADWAY NEW YORK, NY 10279-0118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1993	
4. FEI Number 13-2668916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business:	2a. Mailing Address:
21. Suite Apt. #, etc	26. Suite Apt. #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

FISCHER, BRADLEY S
110 SOUTHEAST SIXTH ST.
SUITE 1950
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1308, 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	ADOLFSSEN, LOUIS G.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MELITO, IGNATIUS J.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SOMOZA, JOHN H.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	POLLACK, DAVID M.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WALSH, ROBERT F.	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STEPHENS, S. DWIGHT	
STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10279	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	ADAMS, STEVEN G.	
13. STREET ADDRESS	233 BROADWAY	
14. CITY-ST-ZIP	NEW YORK, NY 10279	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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****150.00 ****150.00

28 6/18/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 trustee or authorized agent or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment to this report.

SIGNATURE: *Louis G. Adolfsen*

954 728-1280

CR2E034 (10/97)