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
Mar 06 1998 8:00am
Secretary of State

DOCUMENT # G38231   (8)

1. Corporation Name

TISHMAN & TISHMAN, P.A.
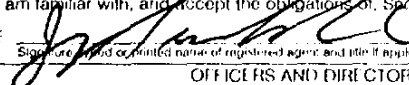
Principal Place of Business	Mailing Address
% JERRY TISHMAN 8177 WEST GLADES ROAD. SUITE 24 BOCA RATON FL 33434	% JERRY TISHMAN 8177 WEST GLADES ROAD. SUITE 24 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1983

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

4. FEI Number **59-2300148** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
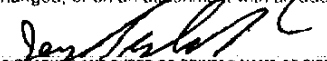
9. Name and Address of Current Registered Agent

TISHMAN, JERRY
8177 WEST GLADES ROAD, SUITE 24
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

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

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 _(signature)_   Signature and/or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE — ☐ Change ☐ Addition
NAME	TISHMAN, JERRY		1.2 NAME
STREET ADDRESS	8177 W GLADES RD, #24		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP
TITLE	DS	☐ DELETE	2.1 TITLE — ☐ Change ☐ Addition
NAME	TISHMAN, CONSTANCE E.		2.2 NAME
STREET ADDRESS	8177 W GLADES RD, #24		2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE — ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ 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
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (10/97)

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: _(signature)_ Jerry Tishman, P.C.   2/24/98   561 487-7200