

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

FILED
Mar 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
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DOCUMENT # G77495 (1)

1. Corporation Name
STERNBERG & STERNBERG, P.A.



Principal Place of Business 7491 W. OAKLAND PK. BLVD. SUITE 301 LAUDERHILL FL 33319 US	Mailing Address 7491 W. OAKLAND PK. BLVD. #301 LAUDERHILL FL 33319 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9333 W McNAB RD Suite, Apt. #, etc. #212 City & State TAMARAC FL Zip 33321 Country US		2a. Mailing Address 26 9333 W. McNAB RD Suite, Apt. #, etc. #212 City & State TAMARAC FL Zip 33321 Country US		3. Date Incorporated or Qualified 01/01/1984		4. FEI Number 59-2350283		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STERNBERG RHONDA M
7491 W. OAKLAND PK. BLVD.
SUITE 301
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9333 W McNAB RD
83	#212
84 City	TAMARAC FL
85 Zip Code	33321

11. Pursuant to the provisions of Sections 607.0507 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDV	<input type="checkbox"/> DELETE
NAME	STERNBERG, RHONDA M.	
STREET ADDRESS	7491 W. OAKLAND PK. BLVD. #301	
CITY-ST-ZIP	LAUDERHILL FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9333 W. McNAB RD #212
1.4 CITY-ST-ZIP	TAMARAC FL 33321
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: Rhonda M. Sternberg 2/13/98 954 726-7177

CP2E034 (10/97)