


1-22-98 B- 0339 -MC
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22 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 # H31308 (0)

1. Corporation Name

NICHOLAS E. CHRISTIN, P.A.

Principal Place of Business

% NICHOLAS E. CHRISTIN
2900 MIDDLE 5TH STREET 5TH FLOOR
MIAMI FL 33133
US

Mailing Address

% NICHOLAS E. CHRISTIN
2900 MIDDLE STREET 5TH FLOOR
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/01/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2464522	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHRISTIN, NICHOLAS E.
2900 MIDDLE STREET
5TH FLOOR
MIAMI FL 33133

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, typed 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	DPV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIN, NICHOLAS E.	1.2 NAME	
STREET ADDRESS	2900 MIDDLE STREET, 5TH FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 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:

NICHOLAS E. CHRISTIN
SIGNATURE REQUIRED

CR2E034 (10/97)

LAW OFFICES
**WICKER, SMITH, TUTAN, O'HARA
McCoy, GRAHAM & FORD, P.A.**

5TH FLOOR GROVE PLAZA BUILDING
2900 MIDDLE STREET (S.W. 28TH TERRACE)

MIAMI, FLORIDA 33133
(305) 448-3939

TELECOPIER (305) 441-1745

FORT LAUDERDALE OFFICE
BARNETT BANK PLAZA, 5TH FLOOR
ONE EAST BROWARD BOULEVARD
P.O. BOX 14460
FORT LAUDERDALE, FLORIDA 33302
(954) 467-6405
TELECOPIER (954) 760-9353

WEST PALM BEACH OFFICE
UNITED NAT'L BANK TOWER • SUITE 700
1645 PALM BEACH LAKES BOULEVARD
P.O. BOX 2508
WEST PALM BEACH, FLORIDA 33402
(561) 689-3800
TELECOPIER (561) 689-9206

ORLANDO OFFICE
BARNETT BANK CENTER • SUITE 1000
390 NORTH ORANGE AVENUE
P.O. BOX 2753
ORLANDO, FLORIDA 32802
(407) 843-3939
TELECOPIER (407) 649-8118

TAMPA OFFICE
100 NORTH TAMPA STREET
SUITE 3650
TAMPA, FLORIDA, 33602
(813) 222-3939
TELECOPIER (813) 222-3938

January 9, 1998

Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Nicholas E. Christin, P.A.
E.I. #59-2464522

Dear Sir or Madam:

I enclose herewith the 1998 Profit Corporation Annual Report for the above-referenced professional association, together with a check payable to the Department of State in the amount of \$150.00 in full payment of the filing fee.

Thank you for your attention to this matter.

Very truly yours,



Nicholas E. Christin

NEC/kfp

Enclosures