

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

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # H49376 (7)
1. Corporation Name
IRA R. SHAPIRO, P.A.

Principal Place of Business C/O IRA R. SHAPIRO 13899 BISCAYNE BLVD., STE. 400 N. MIAMI BEACH FL 33181	Mailing Address C/O IRA R. SHAPIRO 13899 BISCAYNE BLVD., STE. 400 N. MIAMI BEACH FL 33181
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16375 N.E. 18 Ave 22 Suite, Apt. #, etc. #225 23 City & State N. Miami Beach, FL 24 Zip 33162 25 Country USA	2a. Mailing Address 26 16375 N.E. 18 Ave 27 Suite, Apt. #, etc. #225 28 City & State N. Miami Beach, FL 29 Zip 33162 30 Country USA	3. Date Incorporated or Qualified 03/28/1985 4. FEI Number 59-2510389 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 type="checkbox"/> No
--	---	---

9. Name and Address of Current Registered Agent SHAPIRO, IRA R. 13899 BISCAYNE BLVD., STE. 400 SUITE 110 N. MIAMI BEACH FL 33181	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 16375 N.E. 18 Ave 83 Suite # 225 84 City N. Miami Beach FL 85 Zip Code 33162
--	--

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	DP	1.1 TITLE	
NAME	SHAPIRO, IRA R.	1.2 NAME	
STREET ADDRESS	10899 BISCAYNE BLVD.	1.3 STREET ADDRESS	16375 N.E. 18 Ave. #225
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2-2-98 (305) 944-3936

CR2E034 (10/97)