

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

FILED

Jul 10 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 # **H61081** (6)
1. Corporation Name
**JEFFREY N. HALLER, CERTIFIED PUBLIC ACCOUNTANT,
P.A.**

Principal Place of Business	Mailing Address
% JEFFREY N. HALLER 820 W. 43RD CT MIAMI BEACH FL 33140	% JEFFREY N. HALLER 820 W. 43RD CT MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1985	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2536107	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent HALLER, JEFFREY N. 820 W. 43RD CT MIAMI BEACH FL 33140				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	DP	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HALLER, JEFFREY N.							1.2 NAME							
STREET ADDRESS	820 W. 43 CT., P. O. BOX 403554 N/A							1.3 STREET ADDRESS							
CITY - ST - ZIP	MIAMI BEACH 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

MARCH 29 1998 (30) 532.146

CR2E034 (10/97)