

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

**FILED**  
**May 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H77951 (2)**  
 1. Corporation Name  
**JOSEPH ZALLEN, P.A.**



Principal Place of Business <b>2601 E OAKLAND PK BLVD                  SUITE 208                  FT LAUDERDALE FL 33306                  US</b>	Mailing Address <b>% JOSEPH ZALLEN                  2455 E. SUNRISE BLVD., SUITE 802                  FORT LAUDERDALE FL 33304-3111</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
<b>21</b>		<b>26</b>	<b>2601 E Oakland Pk Blvd</b>	<b>09/25/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>22</b>		<b>27</b>	<b>Suite 208</b>	<b>59-2584448</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired	
<b>23</b>		<b>28</b>	<b>Fort Lauderdale, FL</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
<b>24</b>		<b>29</b>	<b>33306</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
	<b>25</b>		<b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
			<b>US</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ZALLEN, JOSEPH                  2601 E OAKLAND PARK BLVD.                  SUITE 208                  FT. LAUDERDALE FL 33304</b>				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City
				<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZALLEN, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>2601 E. OAKLAND PARK BLVD., STE. 208</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33306</b>	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: *Joseph Zallen* 5/27/98 955.515.9505

CR2E034 (10/97)