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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J13889

(7)

ROSENB	BLATT-NA	deri associate	S, P.A.									
1												
Principal Place of Business Mailing Address								- 1	4 idditio diff. Mass mill (bist sens lati étati diff		21217 21411 1961	
MM - 25 US 1 MM - 25 US 1												
P.O.BOX 198 P.O.BOX 198 SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 330						49			DO NOT WRITE IN THIS	SPACE		
SUMMERCAND AET FL 55042 SUMMERCAND AET FL 5504						<i>1</i> 2			Date Incorporated or Qualified	0.7.02	 -	
									05/09/1986			
2. Principal Place of Business 2a. Mailing Address									. FEI Number		Applied For	
21		26						59-2662458	Not Applicable			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.					F	5. Certificate of Status Desired S8.75 Additional				
22		27						. Certificate of Status Desired	Fee	Required		
City & State		L Ci	City & State				6.	6. Election Campaign Financing \$5.00 May Be				
23			28					<u>- </u>	Trust Fund Contribution			
Zip	-	Country	Ziş	Þ	-	untry		8.	This corporation owes or has paid the cu	rrent year X Yes		
24	o Name s	5 nd Address of Current	29	ad Agent	30				Personal Property Tax due June 30. Name and Address of New Registered		□No	
DOC			registere	ed Agent		81	Name	10	, Name and Address of New Registered	Agent		
	ENBLATT,	JUEL R.										
MM - 25 US 1 SUMMERLAND KEY FL 33042						82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
SUM	MEKLAND				83							
						84	City		FL	85 Z	Cip Code	
11 Pursuant to	the provisio	ns of Sections 607.0502	and 607 :	1508 Florida Statut	es the a	bove	snamed c	prporatio			o its registered	
office or reg	gistered age	nt, or both, in the State	of Florida.	Such change was	authorize	d by	the corpo	oration's	on submits this statement for the purpose of board of directors. I hereby accept the ap	pointment	as registered	
ſ	r farnillar Will	, and accept the obliga	tions of, Se	ection 607.0505, Fi	orida Sta	iutes	i.					
SIGNATURE _	ignature typed or	printed name of registered agen	t and little if ac	oficable. (NOT	E: Registere	d Age	nt signature re	autred whe	on reinstating) DATE			
12.	<u> </u>	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	D			DELETE	1.1 Ti	TLE				Chang	ge 🔲 Addition	
NAME	ROSENBI	ATT, JOEL H.			12N	AME						
STREET ADDRESS	MM - 25	US 1			135	TREET	ADDRESS				,	
City-St-ZiP	SUMMER	Land Key Fl		_	1,4 C	iTY-SI	T-ZIP			_		
TITLE	D			☐ DELETE	2.1 Ti	TLE				Chang	ge 🔲 Addition	
NAME	NADERI,	Jody R.			2,2 N	AME	}					
STREET ADDRESS	MM - 25 (2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SUMMER	LAND KEY FL			2.40	CITY-S	ST-ZIP					
TITLE				DELETE	3.1 1	TLE				☐ Chang	ge 🔛 Addition .	
NAME					3.2 N	AME					l	
STREET ADORESS					3.3 S	TREET	ADDRESS				i	
CITY-ST-ZIP					3.4. 0	ITY-S	T-ZIP		<u> </u>			
TITLE				DELETE	4.1 TI	TLE	j			L Chang	ge Addition	
NAME					4.21	IAME	-				l	
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP						my-s	T-ZIP					
TITLE				☐ DELETE	5.1 T		1			☐ Chang	ge Addition	
NAME					52 N	AME					1	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						ITY-S	T-ZIP				 	
TITLE				DELETE	6.1 TI					L Chang	ge Addition	
NAME					6.2 N							
STREET ADDRESS					6.3 \$	TREET	ADDRESS					
CITY - ST - ZIP	- 		3. No. 2 40			ITY-S						
14. I hereby cer	πity that the	information supplied wit	.n ពេទេ filing	g does not qualify f	or the exi	empi	tion stated	in Section	ion 119.07(3)(i), Florida Statutes. I further c	ertify that	tne 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: