


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 16 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 # J27894 (1)**

1. Corporation Name  
**HERBERT STETTIN, P.A.**



Principal Place of Business <b>ONE BISCAYNE TOWER, STE 3250                  TWO SOUTH BISCAYNE BLVD.                  MIAMI FL 33131</b>	Mailing Address <b>ONE BISCAYNE TOWER, STE 3250                  TWO SOUTH BISCAYNE BLVD.                  MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/08/1986**

4. FEI Number  
**59-2707499**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**STETTIN, HERBERT  
 STE. 3250, ONE BISCAYNE TOWER  
 2 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131**

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 provisions of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **7-7-98**

Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STETTIN, HERBERT STE. 3250, ONE BISCAYNE TW, 2 S. BISCAYNE MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200002590552  
 -07/16/98--01048--003  
 \*\*\*150.00**

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]* **JULY 7, 1998 3743553**

CR2E034 (5/98)

**HERBERT STETTIN, P.A.**  
LAW OFFICES  
ONE BISCAYNE TOWER  
2 SO. BISCAYNE BOULEVARD • SUITE 3250  
MIAMI, FLORIDA 33131

*Page 2*

HERBERT STETTIN  
PAMELA MARCUS

TELEPHONE (305) 374-3353  
TELECOPIER (305) 374-6388

July 10, 1998

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

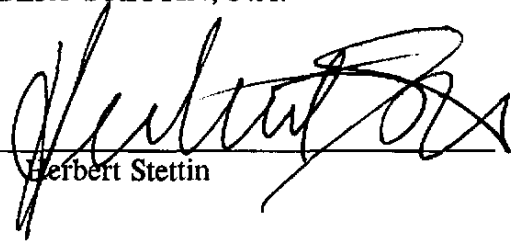
Re: **Profit Corporation Annual Report**  
**FEI Number - 59-2707499**

Gentlemen:

Enclosed please find my 1998 Annual Report for Herbert Stettin, P.A., together with my check for \$150.00 payable to your Department. I never did receive the original Annual Report form. Please accept this form as timely filed. Should you have any questions, please contact me.

Sincerely,

HERBERT STETTIN, P.A.

By:   
Herbert Stettin

HS:lsb

Enclosure