

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

FILED
Mar 26 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 # J29901
1. Corporation Name

LAW OFFICES of JACK DWARNER P.A.

Principal Place of Business 1152 N UNIV DR Suite 201 Pembroke Pines FL 33026	Mailing Address PO Box 9256 Pembroke Pines FL 33087
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 8/20/1985	4. FEI Number 59-2712502	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	26. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WARNER JACK D 1152 N UNIV DR Suite 201 Pembroke Pines FL 33026	10. Name and Address of New Registered Agent
01. Name	02. Street Address (P.O. Box Number is Not Acceptable)
03.	04. City
FL	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 corporate 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DRB	WARNER JACK D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1152 N UNIV DR Suite 201	1152 N UNIV DR		
Pembroke Pines FL 33026	Pembroke Pines FL 33026		
CITY ST ZIP	CITY ST ZIP	2.1 TITLE	2.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VT	WARNER JOY L		
STREET ADDRESS	STREET ADDRESS		
1152 N UNIV DR	1152 N UNIV DR		
Pembroke Pines FL 33026	Pembroke Pines FL 33026		
CITY ST ZIP	CITY ST ZIP	3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY ST ZIP	CITY ST ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY ST ZIP	CITY ST ZIP	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS		
CITY ST ZIP	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 successor 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 trustee 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 in an attachment with an address.

SIGNATURE: Jack Warner Pines 3/20/98 954 431 8100

CR2E034 (10/97)