

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

FILED

May 04 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 # **J52000** (3)
1. Corporation Name
DOREEN M. GOLDBRONN, P.A.



Principal Place of Business 2240 BELLEAIR ROAD SUITE 140 CLEARWATER FL 34624	Mailing Address 2240 BELLEAIR ROAD SUITE 140 CLEARWATER FL 34624
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1987	
4. FEI Number 59-2767989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2623 McCORMICK DRIVE Suite, Apt. #, etc. 22 SUITE 105 City & State 23 CLEARWATER FL Zip 24 33759 Country 25 USA		2a. Mailing Address 26 2623 McCORMICK DRIVE Suite, Apt. #, etc. 27 SUITE 105 City & State 28 CLEARWATER FL Zip 29 33759 Country 30 USA	
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9. Name and Address of Current Registered Agent GOLDBRONN, DOREEN M. 2240 BELLEAIR ROAD SUITE 140 CLEARWATER FL 34624		10. Name and Address of New Registered Agent 81 Name GOLDBRONN, DOREEN M. 82 Street Address (P.O. Box Number is Not Acceptable) 2623 McCORMICK DRIVE 83 SUITE 105 84 City CLEARWATER FL 85 Zip Code 33759	
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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 <i>[Signature]</i> DOREEN M. GOLDBRONN 4-17-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDBRONN, DOREEN M.		1.2 NAME GOLDBRONN, DOREEN M.	
STREET ADDRESS 2240 BELLEAIR RD, S 140		1.3 STREET ADDRESS 2623 McCORMICK DR, SUITE 105	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP CLEARWATER, FL 33759	
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: *[Signature]* 4-17-98 813-669-863

CR2E034 (10/97)