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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J59980** (9)
1. Corporation Name
LARRY C. VON STEIN P.A.



Principal Place of Business 9100 PARK BLVD., TOWN HOME #2 SEMINOLE FL 34647-4131 US	Mailing Address 9100 PARK BLVD., TOWNHOME #2 SEMINOLE FL 34647-4131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LARRY C. Von Stein P.A.		3. Date Incorporated or Qualified 03/06/1987	
2a. Mailing Address 9100 PARK BLVD., TOWNHOME #2 SEMINOLE FL 34647-4131 US		4. FEI Number 59-2761058	
2b. Suite, Apt. #, etc. 835 Bay Point DR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2c. City & State MADEIRA BEACH, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2d. Zip 33708		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VON STEIN, LARRY C.
9100 PARK BLVD., TOWNHOME #2
SEMINOLE FL 33777**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	P.S.
NAME	VON STEIN, LARRY C.	1.2 NAME	VON STEIN, LARRY C.
STREET ADDRESS	9100 PARK BLVD., TOWNHOME #2	1.3 STREET ADDRESS	835 BAY POINT DR.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

LARRY C. VON STEIN

812 300 0557

CR2E034 (10/97)