

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

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K13599

(1)

1. Corporation Name

DEBRA P. ROCHLIN, P.A.

Principal Place of Business

600 SOUTH ANDREWS AVE.
STE. 600
FT LAUDERDALE FL 33301
US

Mailing Address

600 S. ANDREWS AVE.
STE. 600
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1988

4. FEI Number

65-0024994

Applied For

Not Applicable

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

21 900 S. ANDREWS AVE

2a. Mailing Address

26 900 S. ANDREWS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc. 1

City & State

23 FT. LAUDERDALE FL

City & State

28 FT. LAUDERDALE FL

Zip

24 33316

Country

25 USA

Zip

29 33316

Country

30 U.S.A

9. Name and Address of Current Registered Agent

ROCHLIN, DEBRA P
600 SOUTH ANDREWS AVE.
STE. 600
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

ROCHLIN, DEBRA P.

82 Street Address (P.O. Box Number is Not Acceptable)

900 S. ANDREWS AVE

83

84 City

FT. LAUD

FL

85 Zip Code

33316

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

0/25/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME ROCHLIN, DEBRA P.
STREET ADDRESS 600 SOUTH ANDREWS AVE., 6TH FLOOR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P [] Change [] Addition

1.2 NAME ROCHLIN, DEBRA P

1.3 STREET ADDRESS 900 S. ANDREWS AVE

1.4 CITY-ST-ZIP FT. LAUD FL 33316

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

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]

7/27/98

954-832-9009

CR2E034 (5/98)