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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

(2)

HORN	nsby, sacher, zelman &	STANTON, P.A.				**************************************
Principal Place of Business Mailing Address						ALDIA 01078 01091 01014 01048 1901
1401 BRICKELL AVE 1401 BRICKELL AVE						
STE. 700 STE. 700					DO NOT WRITE IN THE	0.004.05
MIAMI FL 3	33131	MIAMI FL 33131		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					08/22/1990	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		65-0212052	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28 Country		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the co	urrent year Intangible  No
24	25 9. Name and Address of Currer	29 At Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	
	EGAL ASSETS, INC.		81	Name		
	401 BRICKELL AVE			Otrack Added	(DO Do Markey - May Associable)	
STE. 700			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	MAMI FL 33131		63			
			84	City		85 Zip Code
44 Duramont	to the provisions of Spotians COZ OFO	O and CO7 4500 Florida Cintuit			F.	
office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	ppointment as registered
agent. I a	ım <b>'fa</b> miliar with, an <b>d</b> accept the oblig	ations of, Section 607.0505, Fig	rida Statutes	•		
SIGNATURE	Signature, typed or printed name of registered age	ent and tile if applicable (NOTE	: Registered Ager	nt signature require	ed when roinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	OP	☐ DELETÉ 1				Change Addition
NAME	SACHER, BARTON S		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY - ST - 7IP			
TITLE	DVS DELETE		2.1 TITLE	1		☐ Change ☐ Addition
NAME	STANTON, WALTER J III		2.2 NAME			
STREET ADDRESS	5 H 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5		2.3 STREET			
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY - S	( - ZIP		Change Addition
TITLE	ZELMAN, RICHARD M		3.1 TITLE			Change Addition
NAME STREET ADDRESS	AAAA DOMONOOLA ALEE OPE TAA		3.2 NAME 3.3 STREET	ADDDECC		
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY-S			
TITLE	D DELETE		4 1 TITLE	1- ZIF		Change Addition
NAME	HARTMAN, ROY M		4. 2 NAME			<b>, _</b>
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST			
TITLE	D DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME	VAN SANT, NANCY		5.2 NAME			
STREET ADDRESS	1		5.3 STREET A	ADDRESS		,
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST	- <b>Z</b> IP		
TITLE	D DELETE		6.1 TITLE			Change Addition
NAME	GREIF MICHAEL T		6.2 NAME			
STREET ADDRESS	1401 BRICKELL AVE, STE. 1	700	6.3 STREET A	ADDRESS		
CITY-SI-ZIP	MIAMI FL 33131		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:

**FILED** 

Jan 21 1998 8:00am

Secretary of State