

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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M18880 (8)  
1. Corporation Name  
SEMET, LICKSTEIN, MORGENSTERN, BERGER, BROOKE &  
GORDON, P.A.



Principal Place of Business Mailing Address  
% HOWARD W. GORDON  
~~201 ALHAMBRA CIRCLE 12TH FLOOR~~  
~~CORAL GABLES FL 33134~~  
% HOWARD W. GORDON  
~~201 ALHAMBRA CIRCLE 12TH FLOOR~~  
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/02/1985	
22 100 SE 2nd St., 17 Fl.		27 100 SE 2nd St., 17 Fl.		4. FEI Number	
23 Miami, Fla		28 Miami, Fla		59-2560810	
24 33131		29 33131		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
GORDON, HOWARD W.		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
201 ALHAMBRA CIRCLE		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing	
12TH FLOOR		100 SE 2nd Street		<input type="checkbox"/> \$5.00 May Be Added to Fees	
CORAL GABLES FL 33134		17 Floor		8. This corporation owes or has paid the current year Intangible	
		City		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Miami			
		FL			
		85 Zip Code			
		33131			

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKE, PETER M.	1.2 NAME	
STREET ADDRESS	201 ALHAMBRA 12TH FLR	1.3 STREET ADDRESS	100 SE 2nd St., 17 Fl.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, Fla 33131
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, HOWARD W.	2.2 NAME	
STREET ADDRESS	201 ALHAMBRA 12TH FLR	2.3 STREET ADDRESS	100 SE 2nd St., 17 Fl.
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami, Fla 33131
TITLE	DP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICKSTEIN, FRED K.	3.2 NAME	
STREET ADDRESS	201 ALHAMBRA 12TH FLR	3.3 STREET ADDRESS	100 SE 2nd Street, 17 Fl.
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, Fla 33131
TITLE	DV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGENSTERN, MELVIN C.	4.2 NAME	
STREET ADDRESS	201 ALHAMBRA 12TH FLR	4.3 STREET ADDRESS	100 SE 2nd Street, 17 Fl.
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami, Fla 33131
TITLE	DV	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMET, BARRY N.	5.2 NAME	
STREET ADDRESS	201 ALHAMBRA 12TH FLR	5.3 STREET ADDRESS	100 SE 2nd Street, 17 Fl.
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, Fla 33131
TITLE		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 (305) 789-9200

CR2E034 (10/97)