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Mar 24 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 # M71658 (2)
1. Corporation Name
JERRY SCHORR ASSOCIATES, INC.

Principal Place of Business 19999 E. COUNTRY CLUB DRIVE 501 AVENTURA FL 33180 US	Mailing Address 19999 E. COUNTRY CLUB DRIVE 501 AVENTURA FL 33180 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3245 N.E. 184 STREET Suite, Apt. #, etc. 22 13407 City & State 23 AVENTURA, FL. Zip 24 33160		2a. Mailing Address 26 3245 N.E. 184 STREET Suite, Apt. #, etc. 27 13407 City & State 28 AVENTURA, FL. Zip 29 33160		3. Date Incorporated or Qualified 03/10/1988 4. FEI Number 65-0035437 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

SCHORR, JERRY
19999 COUNTRY CLUB DRIVE
#501
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 3245 N.E. 184 STREET
83	50176 13407
84 City AVENTURA	85 Zip Code 33160

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

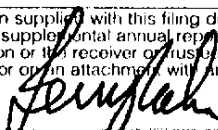
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SCHORR, JERRY	1.2 NAME	
STREET ADDRESS	19999 E. COUNTRY CLUB DRIVE., #501	1.3 STREET ADDRESS	3245 N.E. 184 STREET # 13407
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	AVENTURA - FL - 33160
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.

SIGNATURE:

 JERRY SCHORR

(305) 933-5909

CR2E034 (10/97)