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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000004151 (4)**

1. Corporation Name

KRONENGOLD, GOTTLIEB & GOLDBERG, P.A.

Principal Place of Business	Mailing Address
ONE E. BROWARD BLVD. SUITE 1410. BARNETT BANK TOWER FT. LAUDERDALE FL 33301	ONE E. BROWARD BLVD. SUITE 1410. BARNETT BANK TOWER FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 01/18/1994	3a. Date of Last Report: 02/03/1995
4. FEI Number: 65-0461212	☐ 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 has liabilty for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Nationsbank Tower	26 Nationsbank Tower
Suite, Apt. #, etc. 22 One Financial Plaza, Ste 2020	Suite, Apt. #, etc. 27 One Financial Plaza, Ste 2020
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip: 24 33394 Country: 25 USA	Zip: 29 33394 Country: 30 USA

9. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL I
ONE EAST BROWARD BLVD.
SUITE 1410
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Michael I. Goldberg
82 Street Address (P.O. Box Number is Not Acceptable): NATIONSBANK TOWER
83: One Financial Plaza, Ste 2020
84 City: Ft. Lauderdale FL 85 Zip Code: 33394

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: Michael Goldberg
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOTTIEB, MARC J. ONE EAST BROWARD BLVD., SUITE 1410 FT. LAUDERDALE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition One Financial Plaza, Suite 2020 Ft. Lauderdale, FL 33394-0006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRONENGOLD, JEFFREY L. ONE EAST BROWARD BLVD., SUITE 1410 FT. LAUDERDALE FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition One Financial Plaza Suite 2020 Ft. Lauderdale, FL 33394-0006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GOLDBERG, MICHAEL I. ONE E. BROWARD BLVD, SUITE 1410 FT. LAUDERDALE FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition One Financial Plaza, Suite 2020 Ft. Lauderdale, FL 33394-0006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael Goldberg — 2/17/96 — (305) 463-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL I. GOLDBERG, ESQUIRE