

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

FILED
Jan 15 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 # **P94000041191 (5)**

1. Corporation Name
SETH STOPEK, P.A.



Principal Place of Business 12201 S.W. 64TH AVE. MIAMI FL 33156	Mailing Address 12201 S.W. 64TH AVE. MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 BRICKELL KEY BLVD.		2a. Mailing Address 701 BRICKELL KEY BLVD.		3. Date Incorporated or Qualified 05/31/1994	
Suite, Apt. #, etc. APT. 1512		Suite, Apt. #, etc. APT. 1512		4. FEI Number 65-0496340	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33131		Zip 33131		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country USA		Country USA		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	

9. Name and Address of Current Registered Agent

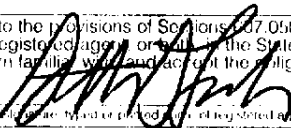
**PROFESSIONAL REGISTERED AGENT CORP.
SUITE 2350-200 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name PROFESSIONAL REGISTERED AGENT CORP.
82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL KEY BLVD.
83 APT. 1512
84 City 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



DATE
1/5/97

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME STOPEK, SETH	
STREET ADDRESS 12201 S.W. 64TH AVE.	
CITY - ST - ZIP MIAMI FL 33156	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME STOPEK, SETH	
1.3 STREET ADDRESS 701 BRICKELL KEY BLVD. APT. 1512	
1.4 CITY - ST - ZIP MIAMI, FLORIDA 33131	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:



SETH STOPEK PRES. 1/5/97 305-400-6086

CR2E034 (10/97)