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 # P94000053299 (1)

ROSENTHAL FINANCIAL SERVICES OF FLORIDA, INC.

C/O MILTON J. WALLACE 2222 PONCE DE LEON BLVD.. SUITE 303 **CORAL GABLES FL 33134**

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

29

g. Name and Address of Current Registered Agent

C/O MILTON J. WALLACE 2222 PONCE DE LEON BLVD.. SUITE 303 CORAL GABLES FL 33134

FILED Feb 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

07/14/1994

4. FEI Number 65-0507408

THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301			81	Name Street Address (P.O. Box Number is Not Acceptable)			
			82				
			63				
			84	City	FL	85	Zip Code
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, typical or protein name of repetitive agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling). DATE							
12.	OFFICERS AND DIRE		13.	in any nation	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	AS	DELETE	1.1 TITLE		1	Char	
NAME	BOYLE JANET		1.2 NAME		· ·		<u>}</u>
STREET ADDRESS	1370 BROADWAY 1.3		1.3 STREET	ADDRESS			I.
CITY-ST-ZIP	NEW YARK NE		1.4 CITY-S)		
TITLE	S	DELETE	2.1 TITLE			Chan	ge Addition
NAME	PONTICELLO, LORETTA		2.2 NAME		•		· 1
STREET ADDRESS	1370 BROADWAY		2 3 STREET	ADDRESS	•		
CITY-ST-ZIP,	NEW YORK NY		2. 4 CITY-S	T-ZIP			}
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CITY-ST-ZIP			4.4 CITY - ST	r-ZiP			
TITLE		DELETE	5.1 TITLE			Chan	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	address			, [
CITY-ST-ZIP			5.4 CITY - ST	r-ZIP			
TITLE		☐ DELETE	61 TITLE			Chan	ge Addition
NAME			6.2 NAME				ĺ
STREET ADDRESS			6.3 STREET	ADDRESS			Į
CITY-ST-ZIP			6.4 CITY - ST				
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 rocevier or trustoce originative of the corporation or the rocevier or trustoce originative of the corporation or the rocevier or trustoce originative of the corporation or the rocevier or trustoce originative or or an attachment with an address.							

Janet Boyle

Country

81 Name

30