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

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000063125 (6) DOCUMENT # 1. Corporation Name SUZAN A. ABRAMSON, P.A. Principal Place of Business Mailing Address 126 EAST JEFFERSON ST. 126 EAST JEFFERSON ST. ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1994 Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3263423 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name abramson, Suzan A 126 EAST JEFFERSON ST. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City 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 CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TITLE ABRAMSON, SUZAN A NAME 1.2 NAME 126 E. JEFFERSON ST. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental 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

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADORESS

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Suzon A. Abromson

4/15/98 (407) 422-0300

Change

Addition

___ Addition

FILED