

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000078955
1. Corporation Name
LAW OFFICES OF PERSHES & SCHWARTZ,
PROFESSIONAL ASSOCIATION

Principal Place of Business: 2801 UNIVERSITY DR SUITE 205 CORAL SPRING, FL 33065
Mailing Address: 2801 UNIVERSITY DR. SUITE 205 CORAL SPRING, FL 33065

2. Principal Place of Business: 21 Broward County
2a. Mailing Address: 26 Suite, Apt. #, etc.
22 City & State: 27 City & State
23 Zip: 24 Country: 25 29 Zip: 30 Country

DO NOT WRITE IN THIS SPACE:
3. Date Incorporated or Qualified: 1995
4. FEI Number: 65-0604517 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Robert E. PERSHES
2801 Univ Drive Ste 205
Coral Springs FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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] 4/6/98

12. OFFICERS AND DIRECTORS

TITLE	Director - President	<input type="checkbox"/> DEL. ETC
NAME	ROBERT E PERSHES	
STREET ADDRESS	2801 UNIV DR. STE 205	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE	DIRECTOR - V. Pres.	<input type="checkbox"/> DELETE
NAME	JAY SCHWARTZ	
STREET ADDRESS	2801 UNIV DR. STE 205	
CITY-ST-ZIP	CORAL SPRING FL 33065	
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

11 TITLE	Director - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROBERT E PERSHES	
13 STREET ADDRESS	2801 UNIV DR. STE 205	
14 CITY-ST-ZIP	CORAL SPRING FL 33065	
21 TITLE	Director - V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JAY SCHWARTZ	
23 STREET ADDRESS	2801 UNIV DR STE 205	
24 CITY-ST-ZIP	CORAL SPRING FL 33065	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 registered trustee employed 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: [Signature] 4/6/98 954-341-2801

CR2E034 (10/97)