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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003024 (3)

PAUL D. GOLDSTEIN, P.A.

Principal Place of Business Mailing Address 1415 E SUNRISE BLVD 1415 E SUNRISE BLVD SUITE 600 SUITE 600 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304-2347 Sa. Date of Last Report 8. Date Incorporated or Qualified 01/09/1995 04/12/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For NIA 65-0552075 21 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired NIA Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing NIA Trust Fund Contribution Added to Fees 23 28 Zip Country Zıp Country This corporation has liability for intargible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDSTEIN, PAUL D 1415 E SUNRISE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 600 83 FT LAUDERDALE FL 33304 84 Zip Code 85 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 farmitiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D Change Addition TITLE DELETE 1.1 TITLE **GOLDSTEIN, PAUL D** NAME 1.2 NAME R2E034 1415 E SUNRISE BLVD SUITE 600 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33304 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE ... Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Ido 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 amulal 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.1 TITLE

6.2 NAME

SIGNATURE:

appears in Block 12 or B

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(154)764-737

Date

Change

Addition

FILED

Feb 26 1997 8:00am

Secretary of State