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

PROFIT CORPORATION ANNUAL REPORT

1998

を変す



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000003024 (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 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0552075 Not Applicable 21 26 Sulte, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOLDSTEIN, PAUL D 1415 E SUNRISE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 600 63 FT LAUDERDALE FL 33304 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.4 TITLE **GOLDSTEIN, PAUL D** 1.2 NAME NAME 1415 E SUNRISE BLVD SUITE 600 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 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 Statules. I further certify that the information indicated on this annual certify 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 trustote empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 or charged for order an attachment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - S1 - ZIP

4.4 CITY - ST - ZIP

3.4 CITY-ST-ZIP

☐ DELETE

DELETE

DELETE

☐ DELETE

CIGNATURE.

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PAUL DE BALDSTON

(454) 764-7377

Change

Change

Change

☐ Change

Addition

Addition

Addition

■ Addition

**FILED** 

Jan 27 1998 8:00am

Secretary of State