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 # P9500007276 (5)

M.S. HALPERN & ASSOCIATES, INC.

FILED Feb 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					14 ed ini 16 44 i 1 444	i i i i i i i i i i i i i i i i i i i	
		751 NORTH DRIVE					
		MELBOURNE FL 32934		DO NOT WE	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifie			
				01/27/1995			
	lace of Business	2a, Mailing Address	1 12	4. FEI Number		Ap	oplied For
21 50 Suite, Apt.	WEST DRIVE		+ ORIVE	41-1673179			ot Applicable
22		Suite, Apt. #, etc		5, Certificate of Status Desired		.	Additional equired
City & State	nunc FL	28 Melbourn	r 5	Election Campaign Financing Trust Fund Contribution	· 🗆		May Be to Fees
Zip 2001	Country	PACALL	Country	8. This corporation owes or has	paid the curre	ent year Int	tangible
24 36010	9. Name and Address of Curr		30	Personal Property Tax due Ju 10. Name and Address of New			_l No
100		ant registered Agent	81 Name	10, Name and Address of New	negistered A	gent	
	LK, DAVID J 2 FIFTH AVENUE			MICHAEL HALPERN	/		
	XALANTIC FL 32903	ddress (P.O. Box Number is Not Accept	itable)				
***	AADARIO FL 32803		83	o west enter	-		
			24		·		
			84 City	DELBOURNE	FL	I 22	Code
11. Pursuant t	to the provisions of Sections 607 05	502 and 607.1508, Florida Stalute	s the above-named o	corporation submits this statement for the pration's board of directors. I hereby ac	e purpose of o	changing it	s registered
agent. Lar	m familiar with, and accept the obli	igations of, Section 607 0505, Flor	ida Statutes.	pration's board of directors. I hereby ac	cept the appoi	intment as	registered
SIGNATURE	Markell- N	aHow S. HALRON			16/18		
12.	Signs are typical probations of registered a	sperifiand hite if applicable (NOTE) ND DIRECTORS	Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDECTOR	20.01.10
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF		Change	Addition
NAME	HALPERN, MICHAEL S		1.2 NAME		_		,
STREET ADDRESS	751 NORTH DRIVE		1.3 STREET ADDRESS	50 West DRIVE			
CITY-ST-ZIP	MELBOURNE FL 32034		1.4 CITY - ST - ZIP	50 West DRIVE Melbourne 17	329	704	
TITLE		DEFETE	2 1 TITLE			Change	Addition
NAME [22 NAME				
STREET ADDRESS			2 3 STHEET ADDRESS				
CITY-ST-ZIP		Dructe	2. 4 CITY-ST-ZIP				
TITLE NAME		☐ DELETE	3.1 TITLE		L	Change	☐ Addition
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP			3.3 STREET ADDRESS				
TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE			Change	Addition
NAME		_	4. 2 NAME		-		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		·	5.4 City-St-ZiP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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 receiver or trusted 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 or an integriment with an address.

CICALATUDE.

27/20x16-14 - Marlant C. Hallan 1/15/08 447 25