SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024512 (2)

ROBERT GREENBERG, P.A.

Principal Place of Business	Mailing Address	
4725 N.W. 113TH AVE. SUNRISE FL 33323	4725 N.W. 113TH AVE. SUNRISE FL 33323	

FILED Sep 19 1997 8:00am Secretary of State

(4/97

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1995 08/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0571286 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GREENBERG, ROBERT 4725 N.W. 113TH AVE. **B2** Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33323 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, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE GREENBERG, ROBERT 1.2 NAME 4725 N.W. 113TH AVE. STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33323 1.4 CHTY - ST - ZIP CITY-ST-ZIP DELETE Change Acidition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Acdition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do 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 ennual 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 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 changes, or on an attachment with an address.