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 # P95000028114 (3)

MARK D. GREENBERG, P.A.

Principal Place of Business

2400 SOUTH DIXIE HIGHWAY SUITE 105

Mailing Address

2400 SOUTH DIXIE HIGHWAY

FILED Jan 15 1997 8:00am Secretary of State



SUITE 105 MIAMI FL 3313	13	SUITE 105 MIAMI FL 33133-3141			
				 Date Incorporated or Qualified 04/10/1995 	3a. Date of Last Report 01/29/1996
	lace of Business	2a, Mailing Address	110%	4. FEI Number	Applied For
21 /99	Pricke/1 1/929	26 799 Bricke	11 8/92	9 65-0571406	Not Applicable
22 Suita Apr	te 700	Suite Apl. #. etc.	700	5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ami FL	City & State 28 Wigmi	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/	. Country 1 3/ 25 USA		Country 30 VS	R. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, Yes No
	g. Name and Address of Current I	Registered Agent		10 Name and Address of New Re	Jisteréd Agent
240/ SUF	emo, mattew m Jr o south dixie highway te 105 Mi Fl 33133		82 Steen 83 Steen 84 City	Address (P.O. Box Numbers New York Land	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the p	FL 33/2/
office or r agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au ons of, Section 607.0505, Flor	uthorized by the corp a Statutes.	oration's board of directors. I hereby accep	the appointment as registered
SIGNATURE	Signat of typ 3 or pointed name of regulation agont .	and title if applicable (NOTE:	Registered Agent signature	required when reinstating)	//O/7/
12.	OFFICERS AND (DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
Trice	PTD	DELETE	1.1 TITLE	PTS	hange Addition
NAME	Greenberg, Mark D		1.2 NAME	Mark D. Greenber	4 ./
STREET ADDRESS	= :: · · · · ·		1.3 STREET ADDRESS	259 Baickell Ave	7501/e 700
CHTY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	Migni Fl 331	5/
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		
THTLE		DELETE	3 1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY-ST-ZIP			34. CITY-ST-ZIP	:	
THILE		DELETE	4 1 TITLE		Change Addition
NAME		—	4 2 NAME		ET ALMORET NUMBER
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP					
TITLE		DELETE	44 Crty-St-ZiP 51 Title		Change Addition
		f"] petric			☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CHTY - ST - ZIP		T no rac	5.4 City-St-ZiP		
TITLE		L_] DELETE	61 TITLE		Change Addition
NAME			62 NAME	·	
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		
STREET ADDRESS CITY-ST-ZIP 14. I do herebinformatio	by certify that the informating supplied via indicated on this army treport or sup ficer or director of the propagation or the	viln this time does not qualify plementa/annual report is to c receive or trustee employe	6 3 STREET ADDRESS 6 4 City - St - ZiP for the exemption stee and accurate and	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal epont as required by Chapter 607. Florida S	I further certify that the effect as if made under oath; I

information indicated on this army theport 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 propriation or the received or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 of anged or on an additionment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OF ORDECTOR

10/97

305) 379.1600