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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062481 (3)

1. Corporation Name

JACOBSON & STERN, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD. STE 305 MIAMI FL 33134	3211 PONCE DE LEON BLVD. STE 305 MIAMI FL 33134

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 SUITE 200	26 Suite, Apt. #, etc. 27 SUITE 200
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified
08/11/1995
4. FEI Number
59-3362424
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent
TEST, SANDRA L 9400 SOUTH DADELAND BLVD. STE 300 MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 607.0506, Florida Statutes.

SIGNATURE RONALD K. STERN
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	STERN, RONALD K
STREET ADDRESS	7250 SW 142ND TERRACE
CITY-ST-ZIP	MIAMI FL 33158
TITLE	NAME
STD	JACOBSON, LOUIS
STREET ADDRESS	3211 PONCE DE LEON BLVD. STE 305
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 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 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 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 changed, or on an attachment with an address.

SIGNATURE RONALD K. STERN

CR2E034 (10/97)