

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

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010860 (0)**

1. Corporation Name  
**HERBERT & SHAPIRO, P.A.**

Principal Place of Business  
**638 BROADWAY AVE  
ORLANDO FL 32803  
US**

Mailing Address  
**638 BROADWAY AVE  
ORLANDO FL 32803  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/05/1996</b>	
4. FEI Number <b>59-3374199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>3000 Edgewater Drive</b> Suite, Apt. #, etc.	2a. Mailing Address 25 <b>3000 Edgewater Drive</b> Suite, Apt. #, etc.
22 City & State 23 <b>Orlando FL</b> Zip 24 <b>32804</b>	27 City & State 28 <b>Orlando, FL</b> Zip 29 <b>32804</b>

9. Name and Address of Current Registered Agent  
**SHAPIRO, MARK F  
250 NORTH ORANGE AVENUE  
SUITE 1700  
ORLANDO FL 32801**

81 Name <b>SHAPIRO, MARK F.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3000 EDGEWATER DRIVE</b>
83
84 City <b>ORLANDO</b>
85 Zip Code <b>FL 32804</b>

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 *Mr. Shapiro*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1-7-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD HERBERT, KEITH R ESQ 16136 VIA MONTEVERDE DELRAY BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD SHAPIRO, MARK F ESQUIRE 250 NORTH ORANGE AVENUE, SUITE 1700 ORLANDO FL 32801</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VSD SHAPIRO, MARK F. ESQUIRE 518 RUGBY STREET ORLANDO, FLORIDA 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mr. Shapiro* **SIGNATURE REQUIRED**

DATE **1-7-98** DAYTIME PHONE # **407-648-8060**

CR2E034 (10/97)