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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # Principal Place of Business

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000013342 (6)

J.H. GOLDBERG & ASSOCIATES, INC.

Mailing	Address

FILED Jan 21 1998 8:00am Secretary of State



1	100 01 203/1003	Mailing / Address				- 1				
100 OCEAN	DRIVE. #1101 H FL 33408	570 OCEAN DRIVE. #1101 JUNO BEACH FL 33408				DO NOT WRITE IN THIS SPACE				
(3. Date Incorporated or Qualified	-		
							02/13/1996			
2. Principal	Place of Business	2a, Mailing Address	s				4. FEI Number		App	lied For
21		26					65-0644613		-+	Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, et	C.					\$8.	~-	dditional
22		27]	5. Certificate of Status Desired	7	e Req	
City & Sta	ate	City & State					8. Election Campaign Financing	\$5	00 4	lay Be
23		28				1	Trust Fund Contribution		ded to	
Zip	Country	Zıp	Co	ountry	/		B. This corporation owes or has paid th	ne current vea	ar Intar	noible
24	25	29	30				Personal Property Tax due June 30.			
<u></u>	9. Name and Address of Curr	ent Registered Agent				11	Name and Address of New Regist	ered Agent		
G	OLDBERG, JEROME			81	Name					
57	O OCEAN DRIVE, #1101			82	Street	Address	(P.O. Box Number is Not Acceptable)			
JU	INO BEACH FL 33408			[-	5	, radicos ,	The Box Northber to Not Acceptable)			
				B3						
				84	City					
				84	City			FL 85	Zip Co	ode
	am familiar with, and accept the obl	igations of, Section 607,050	was authoriza 05, Florida Sta	eu by atute:	7 the corp 3.	ooration s	on submits this statement for the purpo board of directors. I hereby accept the	e appointmer	ng its i it as re	registered egistered
12.		ND DIRECTORS	(NOTE: Register		rt signalure	required who		ATE	====	21.15
TITLE	D	DELET		INTLE		0	ADDITIONS/CHANGES TO OFFICERS			Addition
NAME	GOLDBERG, JEROME		1	NAME	- 1	P		LJ Old	.ige	[≝] AUGILION
STREET ADDRESS	570 OCEAN DRIVE, #1101		1							
CITY-ST-7IP	JUNO BEACH FL 33408				ADDRESS					
TITLE	GOITO DENOTTE 03400	DELET		CITY-S	1-ZIP					1 1 1 1 1 1 1
NAME	l l	[occ.	1	VAME				☐ Char	ige i	Addition
STREET ADDRESS	}		.							
CITY+ET-ZIP					ADDRESS					
TITLE		DELET		CITY - S	ST-ZIP		<u></u>	<u> </u>		
NAME	ł	Official			1			Char	ige (Addition
STREET ADDRESS	1			IAME						
					ADDRESS					
CITY-ST-ZIP TITLE	 	DELET		CITY - S	T-21P					
NAME	1		-) ,		ļ			Char	ige	Addition
				NAME						
STREET ADDRESS	I		■ 12C	TOECT	ADDOCCC					

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 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 charged, or on an attachment with an address.

SIGNATURE:

**Total Control of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in \$16.00 ft. \$1.00 ft. \$1.00

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

Change

Change

Addition

Addition