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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043174 (7)					
BRUCE S. ROSENBERG, P.A.					
011000	. Or HOOLING LIA			1 MACHINE DIN THE LAND BUILD REPLY BRIDGE COURS BOND B	1866 25181 11811 18811 2484 1884
Principal Place of Business Mailing Address					
21301 POWERLINE ROAD SUITE 309		21301 POWERLINE ROAD SUITE 309			
BOCA RATON FL 33433		BOCA ROATON FL 33433		DO NOT WRITE IN THI	S SPACE
US		US		3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		05/21/1996 4. FEI Number	Applied For
21 7300	west cavius real	26 7300 west	canino Beal	65-0673875	Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suiteut City & State		27 403eut City & State		6 Cleating Compaign Singular	Fee Required
23	•	28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
ROSENBERG, BRUCE S					
21301 POWELINE ROAD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUITE 309 BOCA RATON FL 33433			83 1 ×	1 - M	
BUCA RATUN FL 33933			700	4217	
			64 City	F	L 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 Signature, 193-od or pointed name of registering agent and trin if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROSENBERG, BRUCE S		1.2 NAME	To metrousing Real ou	itezi 7
STREET ADDRESS			. 1.3 STREET ADDRESS	7300 westcavius Read su Roca Rober, Florida 334	133
CITY-SI-ZIP TITLE	BOCA RATON FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	1,000 1000 , F 1000 77	Change Addition
NAME		boate	2.1 MILC 2.2 NAME		C Ollarge C Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$1-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		j
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME			4.1 TITLE 4. 2 NAME		Change T Vacuum
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		<u> </u>
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME CTOCCT ADDRESS			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filing pros 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 for the receiper or director or director of the corporation of the receiper or director of the corporation of the receiper or director. Block 12 or Block 13 if changed or on an autonomorphism address.

SIGNATURE:

Cell Med - 100

3/22/98

561-450-5200

FILED

Mar 26 1998 8:00am

Secretary of State

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