

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010894 (8)

1. Corporation Name

MITCHELL E. JACOBS, P.A.



Principal Place of Business

Mailing Address

1563 LEJEUNE ROAD
CORAL GABLES FL 33134

1563 LEJEUNE ROAD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 15001 N.W. 42ND AVENUE		26 15001 N.W. 42ND AVENUE		02/04/1997	
22 121		27 121		4. FEI Number	
23 MIAMI, FL		28 MIAMI, FL		65-0726452	
24 33054-2324		29 33054-2324		5. Certificate of Status Desired	
25 U.S.A.		30 U.S.A.		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, MITCHELL E
1563 LEJEUNE ROAD
CORAL GABLES FL 33134

81 Name	MITCHELL E. JACOBS
82 Street Address (P.O. Box Number is Not Acceptable)	15001 N.W. 42ND AVENUE
83	SUITE #121
84 City	MIAMI, FLORIDA 33054-2324 FL
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

Mitchell E. Jacobs

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/26/98

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	
NAME	JACOBS, MITCHELL E	1.2 NAME	
STREET ADDRESS	1563 LEJEUNE ROAD	1.3 STREET ADDRESS	15001 N.W. 42ND AVENUE #121
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL 33054-2324
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Mitchell E. Jacobs

3/28/98 (305)687-8825

CR2E034 (10/97)