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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998 DOCUMENT #
1. Corporation Name P97000013604 (8)

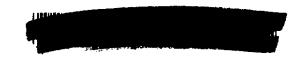
WHITE & FLAM, P.A. MICHAEL R. FLAM, P.A.

Principal Place of Business

2848 UNIVERSITY DRIVE SUITE A. SECOND FLOOR Mailing Address

2848 UNIVERSITY DRIVE SUITE A. SECOND FLOOR

FILED Apr 24 1998 8:00am Secretary of State



OORAL SPRINGS FL 33065		CORAL SPRINGS FL 33	065	DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
a. A -land (2.5)		A 14-10 5 1 1		02/11/1997	
	ace of Business	2a, Mailing Address	-+ A		oplied For
1 282		26 2.858 Uni	sersity Des		ot Applicabl
Suite, Apt.		Suite, Apt #, etc.	econd Flo	5. Certificate of Status Desired Fee Re	Additional equired
City & State		City & State			May Be
Cora	1 Springs FL	28 Coral Spring	as FL		to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Int	tangible
330			30 Browar	Personal Property Tax due June 30. 🔀 Yes] No
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Registered Agent	
	/HITE, E. AUSTIN		81 Name	Michael R. Flam	
	848 UNIVERSITY DRIVE		82 Street	Address (P.O. Box Number is Not Acceptable)	
	uite a, second floor			858 University Prive	
C	ORAL SPRINGS FL 33065		83	uite R. Second Floor	
-			B4 City		Code
					Code 3 0 65
1. Pursuant t	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Sta tute Florida, Such change was a	es, the above-named	corporation submits this statement for the purpose of changing it	ts registere
agent. I a	m familiar with and accept the obligation	is of Seption 607.0595, Flo	rida Statutes.	poration's board of directors. I hereby accept the appointment as	
IGNATURE	Muhael R.	Flam, Pres	dent	9-15-98	•
	Signature, typed or profed name of registered agout an		Registered Agent signature		
2.	OFFICERS AND D	THE CTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR President Change	RS IN 12
TLE	PD	NETCIE	1.1 TITLE		TT WOUL
AME	WHITE, E. AUSTIN 2848 UNIVERSITY DRIVE		1.2 NAME	Michael R. Flam	4.0
TREET ADDRESS	CORAL SPRINGS FL 33065		1.3 STREET ADDRESS	2858 University Drive, Suite B, Seco	ond the
TLE	VPSD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	2858 University Drive, Suite B, Sec. Loral Springs FL 33065 Treasurer Change Michael R. Flam	447 Addit
AME	FLAM, MICHAEL R	otten	2.2 NAME	Michael R. Flam	AZZ VOZICI
···-	2848 UNIVERSITY DRIVE		2.3 STREET ADDRESS	2858 Hayaret Dewe Sute R Sounds	Clara.
FREET ADDRESS	CORAL SPRINGS FL 33065		2.3 STREET ADDRESS	2858 University Drive, Svite B, Second F Coral Springs, FL 33065	WOR
TLE	COME SPRINGS PE 33003	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Coral Zpriv32, PC 38063	Additi
AME			3.2 NAME	June	
TREET ADDRESS			3.3 STREET ADDRESS		
ITY-ST-ZIP			3.4. CITY - ST - ZIP		
ITLE		DELETE	4.1 TITLE	Change	Additi
MME		<u> </u>	4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
HTY-ST-ZIP			4.4 CITY - ST - ZIP		,
TLE		DELETE	5.1 TITLE	Change	Additi
AME			5.2 NAME	15/11/	
TREET ADDRESS			5.3 STREET ADDRESS	41/1/	1/
ITY-ST-ZIP			5.4 CITY-ST-ZIP	11/4/2	U
TLE		DELETE	6.1 TITLE	6000025005#Change	Additi
AME			6.2 NAME	-04/27/9201010 010	
TREET ADDRESS			6.3 STREET ADDRESS	-04/27/9801010016 ***158.75	
TY+ST-ZIP			6.4 CITY - ST - ZIP	**************************************	
/ii-9("Lii			■ 6.7 UH I 1 U I 1 EH	1	

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or in an attachment with an address

U.15.00