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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051928 (4)

ROBERT J. FEINBERG, INC.

Principal Place of Business

2217 NE 28 AVE

Mailing Address

2217 NE 28 AVE

## FILED Mar 25 1998 8:00am Secretary of State



3/20/00

FT LAUDERDALE FL 33305	FT LAUDERDALE FL 33	305	DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	01.102
			06/11/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1160 No FEDERAL HWY	26 1 160 N. FEJ	enal Hwy	65-0766741	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 APT #522	27 APT 522 City & State		<del>                                      </del>	Fee Required
City & State  23 FORT LAUDERDALE FC	28 FORT LAUDE	COALE FO	6. 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 cur	
24 3330Y 25 US	29 3330Y	30 03		Yes No
Name and Address of Current	<del>   </del>	133	10. Name and Address of New Registered	Agent
FEINBERG, ROBERT J 81 Name				
2217 NE 28 AVE 82 Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33305 1160 N. FED GRAV HWY				
83 APT 522				
		84 City	, CC	85 Zip Code
		Ton	LAVOER ORGE FL	.   <i> 3</i> 3309
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the purpose o	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, typed or printed name of registered agent		TE: Registered Agent signature require		DIDECTODO IN 40
12. OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
FEINIDEDO CODECT I	L DECEIE	1.2 NAME		C sugarge C Audition
8047 NF 00 AVE				
FT LAUDEDDALE CL 2020E		1.3 STREET ADDRESS	•	
TITLE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	L. 3 5 5 5 7 5	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	•	
TITLE	DELETE	31 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CtTY - ST - ZiP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	11 22.55	5.4 CITY-ST-ZIP		[ ] ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	this filing does not suche.	6.4 CITY-ST-ZiP	Section 119 07/3Vi) Florida Statutos I further co	rtify that the information
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 supplymental 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 conforgation or the procliner 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 or an attrictment with an address.				