SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Malling Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077830 (2)

A. MYRA RUBENSTEIN, P.A.

3000 SOUTH OCEAN BLVD #102 3000 SOUTH OCEAN BLVD #102 **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65. 0779532 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SERLE. STEVEN ESQ 2101 CORPORATE BLVD NW SUITE 325 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE DELETE __ Change ____ Addition RUBENSTEIN, MYRA NAME 1.2 NAME 3000 SOUTH OCEAN BLVD #102 1.3 STREET ADDRESS STREET ADDRESS **BOÇA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE ___ DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE Change ___ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY ST-ZIP 4.1 TITLE TITLE DELETE ___ Change ___ Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE 6.1 TITLE DELETE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Jul 22 1998 8:00am Secretary of State



CR2E034 (5/98)

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.

STREET ADDRESS

CITY-ST-ZIP