

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

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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000084982**

1. Corporation Name
BERNARD STERNBERG, P.A.

Principal Place of Business 9893 N. GRAND DUKE CIRCLE TAMARAC FL 33321	Mailing Address 9893 N. GRAND DUKE CIRCLE TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 BERNARD STERNBERG P.A. 8333 WEST MCNAB ROAD City & State SUITE 212 TAMARAC, FLORIDA 33321 Zip Country	2a. Mailing Address 26 BERNARD STERNBERG P.A. 8333 WEST MCNAB ROAD City & State SUITE 212 TAMARAC, FLORIDA 33321 Zip Country	3. Date Incorporated or Qualified 10/01/1997	4. FEI Number 65-0284203	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent STERNBERG, BERNARD 9893 N. GRAND DUKE CIRCUS TAMARAC FL 33321		10. Name and Address of New Registered Agent 81 Name BERNARD STERNBERG 82 Street Address (P.O. Box Number is Not Applicable) 8333 WEST MCNAB ROAD SUITE 212 83 TAMARAC, FLORIDA 33321 84 City FL 85 Zip Code	
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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 *Bernard Sternberg* DATE _____
Signature, typed or printed name of registered agent applicable if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, BERNARD	1.2 NAME	
STREET ADDRESS	9893 N. GRAND DUKE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Bernard Sternberg* DATE 3/6/99 Daytime Phone # 954-741-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)