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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091115 (0)

JEFFREY H. TROMBERG, P.A.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
834 NW 110T PLANTATION	834 NW 110TH AVENUE PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE	
ļ					3. Date Incorporated or Qualified 10/22/1997
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 300 S. Pine Island Rd. 26 300 S. Pine			Isky	Rd	65-07885 Not Applicable
Sulte Apt	#, etc.	9011e Apt. #, etc.	9011e Apt. #, etc. 27 2.06		5. Certificate of Status Desired See Required Fee Required
City & State 23 Plantotion, FL		City & State 28 Phototion, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 Zip 333	324 25 US	29 33324	30 Coun		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent
TROMBERG, JEFFREY H 834 NW 110TH AVENUE PLANTATION FL 33324			6	300	Same dress (P.O. Box Number is Not Acceptable) S. Fine Tiked RJ
] 8	3 Put	206
			Ē	14 CityPlat	FL 85 Zip Code 32324
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607 1508, Florida Statuate of Florida. Such change was	tes, the abo	ove-named col by the corpora	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	XI Y J	Jettery H. (Number	re		4/20/90
12.		agent and title if applicable (NO AND DIRECTORS	16 registered /	gent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u> </u>	DELETE 1.11			Change Addition
NAME	TROMBERG, JEFFREY H		1.2 NAM	E	
STREET ADDRESS	834 NW 110TH AVENUE		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP		
TALE			2.1 TiTLI		Change Addition
NAME			2.2 NAM	E	
STREET ADDRESS	1		1	ET ADDRESS	
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		El cuerde Notation
STREET ADDRESS	•			ET ADDRESS	
CITY-ST-ZIP			1	'-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	IE .	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	DELETE 5.1 TITLE		Change Addition
NAME			5.2 NAM	Ī	
STREET ADDRESS	1			ET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY		Change LAddition
TITLE		FT DETELE	6.1 TITLE		L Change L Addition
NAME PERCET ADDRESS			6.2 NAM		
STREET ADDRESS				ET ADDRESS	,
CITY-ST-ZIP	sertify that the information supplied	with this filling does not qualify f	6.4 CITY		n Section 119 07/3Vi) Florida Statutes I further certify that the information

Indicated on this annual report or supplied with this tiling does not quality 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.