
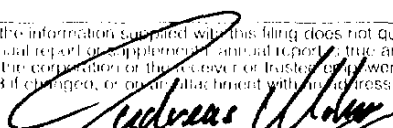


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000099654 1. Corporation Name JACKSON, STEINER AND COMPANY, INC.			
Principal Place of Business 100 N BISCAYNE BLVD. 30TH FLOOR MIAMI FL 33132		Mailing Address 100 N BISCAYNE BLVD. 30TH FLOOR MIAMI FL 33132	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/20/1997		4. FEI Number 65-0805700	
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HEYDASCH, AXEL 100 N BISCAYNE BLVD. 30TH FLOOR MIAMI FL 33132		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 16 TITLE <input type="checkbox"/> DELETE 17 NAME 18 STREET ADDRESS 19 CITY-ST-ZIP 20 21 TITLE <input type="checkbox"/> DELETE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 25 26 TITLE <input type="checkbox"/> DELETE 27 NAME 28 STREET ADDRESS 29 CITY-ST-ZIP 30 31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 36 TITLE <input type="checkbox"/> DELETE 37 NAME 38 STREET ADDRESS 39 CITY-ST-ZIP 40		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 41 Change <input type="checkbox"/> Addition <input type="checkbox"/> 42 Change <input type="checkbox"/> Addition <input type="checkbox"/> 43 Change <input type="checkbox"/> Addition <input type="checkbox"/> 44 Change <input type="checkbox"/> Addition <input type="checkbox"/> 45 Change <input type="checkbox"/> Addition <input type="checkbox"/> 46 Change <input type="checkbox"/> Addition <input type="checkbox"/> 47 Change <input type="checkbox"/> Addition <input type="checkbox"/> 48 Change <input type="checkbox"/> Addition <input type="checkbox"/> 49 Change <input type="checkbox"/> Addition <input type="checkbox"/> 50 Change <input type="checkbox"/> Addition <input type="checkbox"/> 51 Change <input type="checkbox"/> Addition <input type="checkbox"/> 52 Change <input type="checkbox"/> Addition <input type="checkbox"/> 53 Change <input type="checkbox"/> Addition <input type="checkbox"/> 54 Change <input type="checkbox"/> Addition <input type="checkbox"/> 55 Change <input type="checkbox"/> Addition <input type="checkbox"/> 56 Change <input type="checkbox"/> Addition <input type="checkbox"/> 57 Change <input type="checkbox"/> Addition <input type="checkbox"/> 58 Change <input type="checkbox"/> Addition <input type="checkbox"/> 59 Change <input type="checkbox"/> Addition <input type="checkbox"/> 60 Change <input type="checkbox"/> Addition <input type="checkbox"/> 61 Change <input type="checkbox"/> Addition <input type="checkbox"/> 62 Change <input type="checkbox"/> Addition <input type="checkbox"/> 63 Change <input type="checkbox"/> Addition <input type="checkbox"/> 64 Change <input type="checkbox"/> Addition <input type="checkbox"/> 65 Change <input type="checkbox"/> Addition <input type="checkbox"/> 66 Change <input type="checkbox"/> Addition <input type="checkbox"/> 67 Change <input type="checkbox"/> Addition <input type="checkbox"/> 68 Change <input type="checkbox"/> Addition <input type="checkbox"/> 69 Change <input type="checkbox"/> Addition <input type="checkbox"/> 70 Change <input type="checkbox"/> Addition <input type="checkbox"/> 71 Change <input type="checkbox"/> Addition <input type="checkbox"/> 72 Change <input type="checkbox"/> Addition <input type="checkbox"/> 73 Change <input type="checkbox"/> Addition <input type="checkbox"/> 74 Change <input type="checkbox"/> Addition <input type="checkbox"/> 75 Change <input type="checkbox"/> Addition <input type="checkbox"/> 76 Change <input type="checkbox"/> Addition <input type="checkbox"/> 77 Change <input type="checkbox"/> Addition <input type="checkbox"/> 78 Change <input type="checkbox"/> Addition <input type="checkbox"/> 79 Change <input type="checkbox"/> Addition <input type="checkbox"/> 80 Change <input type="checkbox"/> Addition <input type="checkbox"/> 81 Change <input type="checkbox"/> Addition <input type="checkbox"/> 82 Change <input type="checkbox"/> Addition <input type="checkbox"/> 83 Change <input type="checkbox"/> Addition <input type="checkbox"/> 84 Change <input type="checkbox"/> Addition <input type="checkbox"/> 85 Change <input type="checkbox"/> Addition <input type="checkbox"/> 86 Change <input type="checkbox"/> Addition <input type="checkbox"/> 87 Change <input type="checkbox"/> Addition <input type="checkbox"/> 88 Change <input type="checkbox"/> Addition <input type="checkbox"/> 89 Change <input type="checkbox"/> Addition <input type="checkbox"/> 90 Change <input type="checkbox"/> Addition <input type="checkbox"/> 91 Change <input type="checkbox"/> Addition <input type="checkbox"/> 92 Change <input type="checkbox"/> Addition <input type="checkbox"/> 93 Change <input type="checkbox"/> Addition <input type="checkbox"/> 94 Change <input type="checkbox"/> Addition <input type="checkbox"/> 95 Change <input type="checkbox"/> Addition <input type="checkbox"/> 96 Change <input type="checkbox"/> Addition <input type="checkbox"/> 97 Change <input type="checkbox"/> Addition <input type="checkbox"/> 98 Change <input type="checkbox"/> Addition <input type="checkbox"/> 99 Change <input type="checkbox"/> Addition <input type="checkbox"/> 100 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 my address.			
SIGNATURE:  /ANDREAS MOHR		04/17/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/97)