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

PROFIT CORPORATION ANNUAL REPORT

1998

100



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800001426 (9)

MARK S. STEINBERG, P.A.

Principal Place of Business Mailing Address 9719 \$ DIXIE HWY. STE 17 9719 S DIXIE HWY. STE 17 PINECREST FL 33156-2906 PINECREST FL 33156-2806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0811724 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XXNo 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEINBERG, MARK S 9719 S DIXIE HWY, STE 17 Street Address (P.O. Box Number is Not Acceptable) **PINECREST FL 33156-2806** 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change X Addition STEINBERG, MARK S 1.2 NAME Steinberg, Mark S.

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

1.4 City - ST- ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

4.1 TITLE

DELETE

DELETE

DELETE

CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 occiver 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 chapted to Option application with an address.

**9719 S DIXIE HWY, STE 17** 

**PINECREST FL 33156-2806** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IF

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

April 28, 1998

9719 S Dixie Hwy, Ste 17

Pinecrest FL 33156-2806

(305) 669-8200

Change

Change

FILED

May 06 1998 8:00am

Secretary of State

CR2E034 (10/97)

Addition

Addition

Addition