


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90131 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000061207
 1. Corporation Name
MARK R. OSHEROW, P.A.

Principal Place of Business 4800 N. FEDERAL HWY., SUITE 201B BOCA RATON FL 33431	Mailing Address 4800 N. FEDERAL HWY., SUITE 201B BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
07/10/1998

21. Principal Place of Business 7900 Glades Rd.	2a. Mailing Address 7900 Glades Rd.
22. Suite, Apt. #, etc. Suite 650	27. Suite, Apt. #, etc. Suite 650
23. City & State Boca Raton, FL	28. City & State Boca Raton, FL
24. Zip 33434	29. Zip 33434

4. FEI Number 65-0850905	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
BOOKSTEIN, MERRILL A
 4800 N. FEDERAL HWY., SUITE 201B
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent
 81 Name **MARK R. OSHEROW**
 82 Street Address (P.O. Box Number is Not Acceptable)
7900 Glades Rd., Ste 650
 83
 84 City **Boca Raton, FL** 85 Zip Code **33434**

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 **Mark R. Osherow, P.A.S. (MARK R. OSHEROW)** DATE **4/28/99**

12. OFFICERS AND DIRECTORS	
TITLE PSTD	<input type="checkbox"/> DELETE
NAME OSHEROW, MARK R	
STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 201B	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7900 Glades Rd., Ste 650
1.4 CITY-ST-ZIP	Boca Raton, FL 33434
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 life empowers.

SIGNATURE: **MARK R. OSHEROW** DATE **5/14/99** DAYTIME PHONE # **561-477-5854**

CR2E034 (11/98)