

4-1598 B. 4776 - C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 15 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 # S00206 (0)**

1. Corporation Name  
**ERIC M. POLSKY, D.C.P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1401 NW 126 WAY, 4006 COCOPLUM CIRCLE, SUNRISE FL 33323, US  
 Mailing Address: 1401 NW 126 WAY, 4006 COCOPLUM CIRCLE, SUNRISE FL 33323, US

3. Date Incorporated or Qualified: **09/17/1990**  
 4. FEI Number: **65-0194602**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business: 21 **1401 N.W. 126 Way**, 22 **Sunrise FL**  
 2a. Mailing Address: 26 **1401 N.W. 126 Way**, 27 **Sunrise FL**  
 23 **Sunrise FL**, 24 **33323**, 25 **US**  
 28 **Sunrise FL**, 29 **33323**, 30 **US**

9. Name and Address of Current Registered Agent: **BERNSTEIN, MARK C**, **6100 HOLLYWOOD BLVD.**, **SUITE 404**, **HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent: 81 Name **Bernstein, Mark C.**, 82 Street Address **1000 Hiatus Rd**, 83 **Suite 110**, 84 City **Pembroke Pines**, 85 Zip Code **FL 33026**

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POLSKY, ERIC M.</b>	
STREET ADDRESS	<b>1401 NW 126 WAY</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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.

NATURE: *Eric M. Polsky President 4/10/98 954-648-0515*

CR2E034 (10/97)