

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S62990 (4)

1. Corporation Name
ARNOLD W. SHER, C.P.A., P.A.



Principal Place of Business 9010 SW 137 AVE #223 MIAMI FL 33186	Mailing Address 9010 SW 137 AVE #223 MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9010 SW 137 AVE Suite, Apt. #, etc. 22 #253 City & State 23 MIAMI FL 33186 Zip 24 33186 Country 25 USA	2a. Mailing Address 26 14374 SW 96 TERR Suite, Apt. #, etc. 27 City & State 28 MIAMI FL 33186 Zip 29 33186 Country 30 USA
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3. Date Incorporated or Qualified 06/27/1991	4. FEI Number 65-0272427	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SHER, ARNOLD W. 9010 SW 137 AVE #223 MIAMI FL 33186	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable) 14374 SW 96 TERR</td></tr> <tr><td>83</td></tr> <tr><td>84 City MIAMI FL 85 Zip Code 33186</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 14374 SW 96 TERR	83	84 City MIAMI FL 85 Zip Code 33186
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82 Street Address (P.O. Box Number is Not Acceptable) 14374 SW 96 TERR					
83					
84 City MIAMI FL 85 Zip Code 33186					

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 _____ Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME SHER, ARNOLD W.		1.2 NAME	
STREET ADDRESS 9010 SW 137 AVE #223		1.3 STREET ADDRESS 14374 SW 96 TERR	
CITY-ST-ZIP MIAMI FL 33186		1.4 CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *Arnold W. Sher* 4/27/98 305 385 8109

CR2E034 (10/97)