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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 # P94000054253 (7) NIC 3/30/98

1. Corporation Name
[Redacted]
Law Offices of Marc R. Pollack, P.A. [Redacted]



Principal Place of Business: 1776 N. PINE ISLAND ROAD #208 PLANTATION FL 33322

Mailing Address: 1776 N. PINE ISLAND ROAD #208 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2421 University Dr. Suite, Apt. #, etc. 22

2a. Mailing Address: 26 2421 University Dr. Suite, Apt. #, etc. 27

3. Date Incorporated or Qualified: 07/20/1994

4. FEI Number: 65-0504721 Applied For: [] Not Applicable: []

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

23. City & State: Coral Springs FL 28. City & State: Coral Springs FL

24. Zip: 33065 25. Country: USA 29. Zip: 33065 30. Country: USA

9. Name and Address of Current Registered Agent

POLLACK, MARC R
1776 N. PINE ISLAND ROAD, #208
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: Pollack, Marc R.
82 Street Address (P.O. Box Number is Not Acceptable): 2421 University Dr.
83
84 City: Coral Springs FL 85 Zip Code: 33065

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

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	POLLACK, MARC R	
STREET ADDRESS	1776 N. PINE ISLAND ROAD, SUITE 208	
CITY-ST-ZIP	PLANTATION FL 33322	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pollack, Marc R.	
1.3 STREET ADDRESS	2421 University Drive	
1.4 CITY-ST-ZIP	Coral Springs, FL 33065	
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		

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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, on an attachment with an address.

SIGNATURE [Signature] 4/14/98

CR2E034 (10/97)