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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**19**98

POCUMENT # P9500093412 (1) OSHEROFF-WITTELS FAMILY CORP				
Principal Place of Business Mailing Address				
12280 NE 14TH AVENUE SUITE 2000 NORTH MIAMI FL 33161 US		12280 NE 14TH AVENUE SUITE 2000 NORTH MIAMI FL 33161 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  12/07/1995
2. Principal Place of Business		2a. Mailing Address	1.4	4. FEI Number Applied For
21 /6400 N.W. 215 Ave		26 16400 N.W. 2- Ac.		65-0637811 Not Applicable
Sulte Apty#, etcy		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 Suite # 203		27 Ju 104203		Fee Required
City & State		City & State	conina	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zio	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24 33/6	9 25	29 33/69	30	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
OSHEROFF, MARC A. 12280 NE 14TH AVENUE SUITE 1000 NORTH MIAMI FL 33161			84 City	te # 203  FL BS Zio Code 9
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 enlangs was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of Sportion 607,0505, Florida Statutes.				
1/// / / / / A A A A A A A A A A A A A A				
SIGNATURE	Signature, typica or pontrol mane of regularized angu-	and thin it approach.	Angistered Apent a griature	
12.	OLLICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 THUE	Change Addition
NAME	OSHEROFF, MARC A.		1.2 NAME	11 400 41 11 2 3d A. C 1. 42 00
STREET ADDRESS	12280 NE 14TH AVENEU		1.3 STREET ADDRESS	16400 N.W. 2 1 Are Suite#203
CITY-ST-ZIP	NORTH MIAMI FL	Driett	1.4 CITY - ST - ZIP	MIAMI LEONION 33169
TITLE	D NUTTE O NEU	L DELETE	2.1 TITLE	Change Addition
NAME	WITTELS, NEIL		2.2 NAME	16400 N.W. 24 Are Suite #203
STREET ADDRESS	12280 NE 14TH AVENUE		2.3 STREET ADDRESS	BIANI FROMINA 33/19
CITY-ST-ZIP TITLE	NORTH MIAMI FL	DELETE	2 4 City-S1-ZiP 31 Title	Change Addition
NAME		otten	3.2 NAME	E orange E radiiton
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	}
TOTLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	51 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - \$1- ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	j
STREET ADDRESS			6.3 STREET ADDRESS	

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 eath; 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 allactment with an address.

SIGNATURE:

VCO MI

MANC A. OSHERUSE 4/12/96 305-940-6641

CR2E034 (10/97)

**FILED** 

May 15 1998 8:00am

Secretary of State