PROFIT CORPORATION ANNUAL REPORT 1999

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Zip

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 554344

KURZBAN, KURZBAN & WEINGER, P.A.

Country

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Mailing Address Principal Place of Business 2650 S.W. 27TH AVE... 2650 S.W. 27TH AVE... 2ND FLOOR 2ND FLOOR MIAMI FL 33133 MIAMI FL 33133 2a. Mailing Address 2. Principal Place of Business

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Zip

Suite, Apt. #, etc.

City & State

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90018 022 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

10/18/1977

59-1778659

4. FEI Number

9. Name and Address of Current Registered Agent		•	10. Name and Address of New Registered Agent	
	At Dating and Manage A.	81 Name	<u> </u>	
KURZBAN, IRA J.		00 000 01 0 44	ress (P.O. Box Number is Not Acceptable)	
	ZBAN, KURZBAN & WEINGER P.A.,	82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	SW 27TH AVE., 2ND FL.,	83	· 1000000000000000000000000000000000000	
	M FL 33131			
MINA	11 1 2 30 10 1	84 City .	FI 85 Zip Code	
capa ja a cert	The state of the s	the shows seemed com	poration submits this statement for the purpose of changing its registered	
1 -45	intered agent or both in the State of FIGNOR SHOT CHANGE Was due	HOLIZED DA THE COLDOLER	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent I ar	m familiar with, and accept the obligations of, Section 607.0505, Floric	la Statutes.	•	
SIGNATURE	•		od when minetating) DATE	
SIGNATORE .	Signature, types of printed name of regions and	tegistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OTT TO ELTO ADDITIONS	
TITLE	T DELETE	1.1 TITLE		
NAME	WEINGER, STEVEN M	1.2 NAME		
STREET ADDRESS	2650 SW 27TH AVE. 2ND FL	1.3 STREET ADDRESS	The state of the s	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	VSD DELETE	2.1 TITLE		
NAME .	Kurzban, Ira j	2.2 NAME	·	
STREET ADDRESS	2650 SW 27TH AVE. 2ND FL	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	2. 4 CITY-ST-ZIP		
TITLE	PD DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME:	KURZBAN, MARVIN	3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS	为"自然"。 人名斯内德 医胸腔腹腔 经有效的	
CITY-ST-ZIP	MIAMI, FL 0	3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change (
NAME		4.2 NAME	•	
STREET ADDRESS		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	5.1 TITLE	Change Additi	
		5.2 NAME		
NAME		5.3 STREET ADDRESS	·	
STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5.4 CITY-ST-ZIP		
CITY-ST-ZIP	Section 2015 DELETE	6.1 TITLE	Change Additi	
TITLE	200	6.2 NAME		
NAME		6.3 STREET ADDRESS	•	
STREET ADDRESS	l Nev	6.4 CITY-ST-ZIP		
		the exemption stated in		

Country

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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

305-444-0060