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

PROFIT CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 585568

l Linda C	GHRSCH, P.A.						
				•		IBIN BRUK BIBN BIBN BIBN BIBN 1881	
Principal Place of Business Mailing Address						IDNI BIDII DIBIK OZBIL BIDII DIDIK 1801	
					Į.		
1232 PALERMO AV CORAL GABLES FL 33134-6327							
COUNTE CARDIES FE 30134-0327					DO NOT WRITE IN THIS SPACE		
	A. L.				3. Date Incorporated or Qualifed		
					08/30/1978	•	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
					59-1842307	Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					39 1042307	\$8.75 Additional	
22 27					5. Certifcate of Status Desired	Fee Required .	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country Zip Co			ry	8. This corporation owes the current year	r Intangible	
24	25	29 30			Personal Property Tax.	Q_Yes □No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
				1 Name			
HIRSCH, LINDA G			<u> </u>			<u> </u>	
1232 PALERMO AVE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			8	3	1	30 100 FAR 140 FAR 184	
OF THE COLOR			٦	"		THE STATE OF THE S	
			8	4 City	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code	
Land Provider Control of the Control						FL	
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 a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statute	es.	tion's board of directors. Thereby decopt the d	ppowinient de regioneres	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 .		
TITLE	PD to DELETE 1.1		1.1 TITLE			☐ Change ☐ Addition	
NAME	HIRSCH, LINDA G.		1.2 NAME	:			
STREET ADDRESS	1232 PALERMO AVE.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-	ST-ZIP		ţ	
TITLE	100		2.1 TITLE			☐ Change ☐ Addition	
NAME			2.2 NAME	:			
STREET ADDRESS	•		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		,	
TITLE		☐ DELETE	3.1 TITLE		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Change Addition	
NAME			3,2 NAME	.			
STREET ADDRESS	Professional Control			ET ADDRESS			
	观心思想外内 验		3.4. CITY			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change Addition	
IIILE			4.1 IEILE				

CITY-ST-ZIP 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, with all other like empowered.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90009 030 ***150.00

Change

☐ Change

Addition

☐ Addition