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Jan 23, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 601214

MICHAEL S. GORDON, INC.

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Principal Plac	ce of Business	Mailing Address			#80318 01311 00101 1503 310	#1 B B # B B #	itasi mimis asati	01011 0/8/1 1001
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1801		1801		DO NOT V	UDITE IN THIS	CDACE		
COCONUT GROVE FL 33133 US		COCONUT GROVE FL 33133 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
00		03			07/10/1969	leu		-
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		_ A	pplied For
21		26			59-1268841		N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			E Contifered of Status Desire		\$8.75	Additional
22		27			5. Certifcate of Status Desired	1 🗆	Fee R	equired
City & Sta	ite .	City & State			6. Election Campaign Financi	ng. \square	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip `	Country	Zip	Countr	у	8. This corporation owes the	current year Int	angible .	
24	25 .	[29]	30	•	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent		· ₁	10. Name and Address of Ne	w Registered	Agent	
			81	Name			, ,	
	RDON, MICHAEL S., M.D.		82	2 Street Ad	dress (P.O. Box Number is Not Acco	entable)	•	,
	E GROVE ISLE DRIVE				31 - 51 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		.*. ~	
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COC	CONUT GROVE FL 33133	• •	84	City	1775 A 2775 V 251 K 17 25 35 35 35 35 35 35 35 35 35 35 35 35 35		10 8 % 633 c	1324 and 1 (ask)
		•	65	City .		FL	[85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	/e-named coi	rporation submits this statement for	the purpose of	changing its	registered
						agent the appair	ntment as re	
office or a	registered agent, or both, in the State of	r Florida, Such change was aut ons of Section 607 0505. Florid	norized by ta Statute	the corporation	tion's board of directors: I hereby ac	cept trie appoir		gistered :
CCC agent. La	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	norized by la Statute:	the corpora s.	tion's board of directors. I hereby ac	cept trie appoir		gistered
office or a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute:	s.	tion's board of directors. I hereby ac	DATE :		gistered :
CCC agent. La	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	da Statute:	s.		DATE		
office or a CCC agent./La	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	da Statute: Registered Age	s.	ired when reinstating} ADDITIONS/CHANGES TO	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS	da Statutes	s.	ired when reinstating}	DATE	D DIRECTO	DRS IN 12
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office or Cocagent. La SIGNATURE 12. TILE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GORDON,MICHAEL S 3 GROVE ISLE DR #1801	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R D DIRECTORS	da Statutes legistered Age 13. 1.1 TITLE 1.2 NAME	s. Int signature requi	ired when reinstating} ADDITIONS/CHANGES TO	DATE	D DIRECTO	DRS IN 12
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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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP