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

PROFIT: CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 624509 1. Corporation Name

DAVID FELDMAN, P.A.

Mailing Address Principal Place of Business 407 LINCOLN ROAD, PH NE C/O DAVID FELDMAN. PA 407 LINCOLN RD., #701 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 3. Date Incorporated or Qualifed 06/28/1979 4. FEI Number Applied For-2a. Mailing Address 2. Principal Place of Business 59-1942771 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zip ☐ Yes Personal Property Tax. 30 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FELDMAN, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD. SUITE 701 83 MIAMI BEACH FL 33139 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Addition 1.1 TITLE TITLE FELDMAN, DAVID, ESQ. 1.2 NAME NAME 407 LINCOLN RD., PH NE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE FELDMAN, DAVID, ESQ. 2.2 NAME NAME 407 LINCOLN RD., PH NE 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE

CITY-ST-ZIP 14. I hereby certify that the information supplied with this fling 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 of 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

DELETE

Change

☐ Addition

FILED

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90016 032 ***150.00

CR2E034 (11/98)