05-06-1999 90257 008 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 683240

1. Corporation Name

MARSHALL J. LANGER, P.A.

Principal Plac	e of Business	Mailing Address					1			
1600 MIAMI CE	INTER	1600 MIAMI CENTER								
201 S BISCAYN	NE BLVD	201 S BISCAYNE BLVD Miami FL 33131								
MIAMI FL 3313	1					DO NOT WRITE IN THIS SPACE				
							1 -	Date Incorporated or Qualifed		
		n Mallian Addans						08/27/1980 FEI Number		nlind For
~~ <del>~~</del>	lace of Business	2a. Mailing Address					1			oplied For ot Applicable
21		Suite, Apt. #, etc					├	59-2021172	\$8.75	
Suite, Apt.	#, etc.	<b>⊢</b>	<b>⊢</b> '''				5.	Certificate of Status Desired		Additional equired
City P. Stot		City & State				+_	Flatia Carrier Financia		<u> </u>	
City & Stat	e	├ <del>-</del> ¬ ′					Election Campaign Financing  Trust Fund Contribution	* * *	May Be to Fees	
<b>23</b>	Country	<b>Z</b> ip	Co	untry	,—		+	This corporation owes the current year		
	25	<del>                                     </del>	30	, a, i i i				Personal Property Tax.	Yes	(L)No
24	9. Name and Address of Curren	t Registered Agent	30	$\top$	—			Name and Address of New Registere		
	3. Range and Address of Current	t registered Agent		81	ΤN	lame				
COR	PORATION COMPANY OF MIAM	1			_	_				<del></del> -
1600 MIAMI CENTER				82	S	Street Address (P.O. Box Number is Not Acceptable)				
	S BISCAYNE BLVD			83	+					
	WI FL 33131									
1416 0	VII 1 E 00 10 1			84	C	ity		F	85 Zip	Code
	1. H	2 4 607 4509 Elected 6	tatutas the	above		amad cama	ration	submits this statement for the purpose		registered
office or r	egistered agent, or both, in the State	of Florida. Such change v	as authorize	ed by	the	corporation	n's bo	pard of directors. I hereby accept the app	ointment as re	gistered
agent, I a	m familiar with, and accept the obliga-	tions of, Section 607.0505	i, Florida Sta	atutes	š.					
SIGNATURE		- Park	MOTE D. III					einstating) DATE		
	Signature, typed or printed name of registered ager	D DIRECTORS	(NOTE: Register		nt sig	nature required		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12. TITLE	S	D DELET		TITLE				ADDITIONS/OFFIANCES TO ST TISENS	Change	☐ Addition
	<b>-</b> "		1.2 NAME					_		
NAME	LANGER, CAROLE W 43 UPPER GROSVENOR ST			STREET	~ 4.04	NO ECC				
STREET ADDRESS										
CITY-ST-ZIP	LONDON, ENGLAND	□ DELE1		CITY-S	1-ZI				Change	Addition
TITLE	PTD								_ ,	_
NAME	LANGER, MARSHALL J.			NAME	~					
STREET ADDRESS	,		<b>1</b> 1	STREET		- I				
CITY-ST-ZIP	LONDON, ENGLAND	□ DELE		CITY-S	SI-ZI	P			Change	Addition
TITLE	0	LI DELE		TITLE						
NAME	SCHADE, ROSEMARIE S			NAME	<b>_</b> _					
STREET ADDRESS	EUROPA BLVD 59			STREET		İ				
C/TY-ST-Z/P	AMSTERDAM, NETHERLAND			CITY-S	3T-Z1	P			Change	☐ Addition
TITLE	D	☐ DELE		TITLE		İ			□ Change	□ V00m0n
NAME	DAMSKY, GERALD D			NAME						
STREET ADDRESS	===== = =============================		1	STREET						
CITY-ST-ZIP	BOCA RATON FL			CITY-S	T-ZIF	• <del> </del>			<u> </u>	(T) a salidar
TITLE		☐ DELET		TITLE		1			Change	Addition
NAME		•		NAME						
STREET ADDRESS			5.3	STREE	T ADI	DRESS				
CITY-ST-ZIP				CITY-S	T-ZIF	,				
TITLE		☐ DELE1	E 6.1	TITLE					☐ Change	Addition

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 repetiter 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> MARSHALL J SIGNATURE AND TYPIO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR