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 # F44036

Corporation Name

ADELE KATES, M. ED., AND ASSOCIATES, P.A.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90072 033 ***150.00

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Principal Plac	e of Business	Mailin	g Address					\$ 100 tido titi binii ninii naton tijin ntii nini	#1314 #1849 #F	11 010 11 01011 1001
1 NE 168 ST		1 NE	168 ST							
NORTH MIAMI	BEACH FL 33162	NORTH	H MIAM! BEACH FL	33162				DO NOT WRITE IN THIS	SPACE	
								3. Date Incorporated or Qualifed	7 OI NOL	
								09/01/1981		
2. Principal P	lace of Business	2a. M:	ailing Address					4. FEI Number		Applied For
21	idos di Basilloss	26						59-2124375		Not Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.					25_Certificate of Status Desired	\$8.75	Additional
22		27			-			\$1.50 Briticala. dr. Status Dealied	Fee	Required
City & Stat	e	Ci	ty & State					6. Election Campaign Financing		0 Мау Ве
23		28						Trust Fund Contribution		d to Fees
Zip	Country	Zij	0		untry			8. This corporation owes the current year in	tangible Yes	□No
24	9. Name and Address of Curre	29	ad Agent	30	1			Personal Property Tax. 10. Name and Address of New Registered		
	5. Name and Address of Curre	ant registers			81	Name			Y	
KAT	ES, CHARLES									
	E. 168TH ST				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
NOF	RTH MIAMI BEACH FL 33162				83					
									05 7	n Codo
					84	City		Fl	_ 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.	1508, Florida Statut	es, the a	bove	-named	corpor	ration submits this statement for the purpose o	f changing	its registered
office or i	registered agent, or both, in the Stati Im familiar with, and accept the oblig	e of Florida. : lations of, Se	Such change was a ection 607.0505, Flo	iutnonze irida Stat	a by tutes.	tne corp	oration	's board of directors. I hereby accept the appo	iiillient as	registered
SIGNATURE		,								
	Signature, typed or printed name of registered ag					nt signature	required v	when reinstating) DATE	ND DIDEO	TODE IN 42
12.	OFFICERS A	ND DIRECT		13.			_	ADDITIONS/CHANGES TO OFFICERS A	Chang	
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NAME					IAME					_
_STREET_ADDRESS			•			TADDRESS	İ			
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ļ				4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	STREET CITY-S' TILE LAME STREET	T-ZIP		· · -	☐ Chanç	e 🗍 Addition
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

305/651-6442 Daytime Phone #