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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90097 020 \*\*\*150.00

DOCUMENT # G62985

1. Corporation Name

APOTHEKER & BLUMSTEIN, P.A.

Principal Place of Business

4960 N. DIXIE HWY  
FT LAUDERDALE FL 33334

Mailing Address

4960 N. DIXIE HWY  
FT LAUDERDALE FL 33334

2. Principal Place of Business

21 4711 N. DIXIE HWY.

Suite, Apt. #, etc.

2a. Mailing Address

26 4711 N. DIXIE HWY.

Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE, FL

City & State

28 FORT LAUDERDALE, FL

Zip

24 33334

Country

25 U.S.A.

Zip

29 33334

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

APOTHEKER, LAWRENCE  
4960 NORTH DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified

09/28/1983

4. FEI Number

59-2389018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME APOTHEKER, LAWRENCE  
STREET ADDRESS 2709 NE ST  
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE V ☒ DELETE

NAME BLUMSTEIN, RICHARD  
STREET ADDRESS 607 S.W. 5TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED LAWRENCE APOTHEKER

3-22-99 (954) 491-8127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0311182

CR2E034 (11/98)