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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## J46198 DOCUMENT # 1. Corporation Name

MICHAEL GOLDBERG PA

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90026 007 \*\*\*150.00

	LE GOEDDENG, T.A.						
					A MARINE BING BIRDS BURN NEWS YEAR	TEN BIRN BIRN BIRN BIRN	THE STREET
Principal Pl	lace of Business	Mailing Address		<del></del>		18) Bibi bisi bisi bibi bibi	
1	GOLDBERG	-			A commont and a tien tiens (Bill)	inti ninti ninti ninti ninti	Bidii Gibii 1881
16855 NE 2	ND AVE. SUITE 303	% MICHAEL GOLDBER 16855 NE 2ND AVE	RG				
N. MIAMI BE	EACH FL 33162	N. MIAMI BEACH FL	33162		DO NOT WRITE	IN THIS SPACE	
	<u> </u>				3. Date Incorporated or Qualifed 12/04/1986		
	Place of Business	2a. Mailing Address			4. FEI Number		
21		26			59-2746511	<del></del>	plied For
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.					t Applicable
22		27	_		5. Certificate of Status Desired [	\$8.75 / Fee Re	
City & St	iate .	City & State	*	· _	6. Election Campaign Financing	<del></del>	<u></u>
Zip		28			Trust Fund Contribution	□ \$5.00 Added t	
24	Country	Zip	Country		8. This corporation owes the current		01668
	9 Name and Address of Com-	29	[30]		Personal Property Tax.	Tes	□No
	9. Name and Address of Curre	REPORT NEW TRANSPORT NEW TRANS			10. Name and Address of New Reg	stered Agent	
, , , , GO	LDBERG, MICHAEL		81	Name	•		
168 <sup>(3)</sup>	855 NE 2ND AVE., SUITE 303		82	Street Addres	s (P.O. Box Number is Not Acceptable	<u> </u>	
N.	MIAMI BEACH FL 33162					/ 	
			83				3111111
			84	City		원 (1일) 등 1일 위치를 받는다. 	3. 8.5
			1 1			85 Zip C	ode
11. Pursuan	to the provisions of Sections 607 050	30 1005 1500	<u></u>				
11. Pursuan office or	it to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Sta of Florida: Such change wa	atutes, the above	-named corpora	ation submits this statement for the purp	oose of changing its i	registered
agont		02 and 607.1508, Florida Sta of Florida: Such change wa ations of, Section 607.0505,	atutes, the above s authorized by t Florida Statutes.	-named corpora the corporation's	ation submits this statement for the purp s board of directors. I hereby accept the	pose of changing its is appointment as reg	egistered istered
11. Pursuan office or agent I	ann tarninal with, and accept the obliga	ations of, Section 607.0505, I	Florida Statutes.		Total of directors. Thereby accept triv	pose of changing its its appointment as reg	egistered istered
agont	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	Florida Statutés.		nen reinstating); ';	appointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.  ND DIRECTORS	Florida Statutés.  OTE: Registered Agent  13.		nen reinstating); / ;  ADDITIONS/CHANGES TO OFFICE	appointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NO	Florida Statutés.  OTE: Registered Agent  13.  1.1 TITLE		nen reinstating); ';	appointment as reg	istered
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AN PD GOLDBERG, MICHAEL	nt and title if applicable.  ND DIRECTORS	Florida Statutés.  TE: Registered Agent  13.  1.1 TITLE  1.2 NAME	signature required wh	nen reinstating); / ;  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age:  OFFICERS AN PD GOLDBERG, MICHAEL 16855 NE 2ND AVE., #303	nt and title if applicable.  ND DIRECTORS	DTE: Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required wh	nen reinstating); / ;  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIRECTOR	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	Signature, typed or printed name of registered age:  OFFICERS AN PD GOLDBERG, MICHAEL 16855 NE 2ND AVE., #303	nt and title if applicable.  ND DIRECTORS	TE: Registered Agent 13. 1.1 TITLE 1.2 NAME 1.4 CITY-ST- 2.1 TITLE	signature required wh	nen reinstating); / ;  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIRECTOR	RS IN 12
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Thereby 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 effect 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 an attachment with an address, with all other like empowered.

305-657-0400