PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K78197

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90042 030 ***150.00

1. Corporati	ALAN KOFSKY, P.A.			·	# 1000/Bill Ale 1006 1006 1006	: 1864 1881 8184 8184 8184 8184 8	1 3 11 8 1831 81831 1831
Principal Place of Business Mailing Address							4.6 1661
3440 HOLLYWOOD BLVD #450 3440 HOLLYWOOD BLVD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							•
HULLIWOOD	FL 33021	HOLLYWOOD FL 33021			DO NOT WE	RITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					04/06/1989		
2. Principal Place of Business 2a. Mailing Address			***************************************		4. FEI Number		Applied For
21	26			_	65-0107049	·	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.7	5 Additional
22 27				V. Certificate of Status Desired		Fee	Required
City & State City & State						00 May Be ed to Fees	
Zip 24	Country Zip Cou		Country 30		8. This corporation owes the current year Intangitie Personal Property Tax. Yes No		
	9. Name and Address of Current				10. Name and Address of New		
	FOIG 5115 41 10 11 11 11 11 11 11 11 11 11 11 11 11		81	Name			
KOFSKY, DAVID ALAN			82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)		
12/4/3440 HOLLYWOOD BLVD STE 450				2. Sec. 1. 18.3. They are study for really to the Report Section 1 and the study of the section 1.			
HOLLYWOOD FL 33021			83			為自閉門的語	
NOLL WOOD I L GOOZ				City	3 (4 5 5 5 7 5 4 5 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 6 5 7 5 7	FL 85 Z	ip Code
11. Pursuan office or agent I	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	and 607.1508, Florida Statute of Florida. Such change was au ions of Section 607.0505. Flori	es, the above uthorized by rida Statutes	e-named corp the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing pt the appointment as	its registered registered
SIGNATURE			010,0100	•	,		
	Signature, typed or printed name of registered agent		Registered Agen	t signature require	d when reinstating) y 1335	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O		
TITLE	D D	☐ DELETE	1.1 TITLE		494 1070 \$	Chang	je 🗌 Addition
NAME	KOFSKY, DAVID ALAN	•	1.2 NAME			•	
STREET ADDRESS 3440 HOLLYWOOD BLVD #450 CITY: ST-ZIP HOLLYWOOD FL			1.3 STREET].
CITY-ST-ZIP TITLE	HOLLTWOOD FL	☐ DELETE	1.4 CITY-ST	r-ZIP			FT Autoria
NAME			2.1 TITLE		•	☐ Chang	e Addition
STREET ADDRESS			2.2 NAME		•		ļ
CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •		2.3 STREET				
TITLE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	☐ DELETE	2. 4 CITY-S'	I-ZIP		Chang	e Addition
NAME	EM, CAP, CAR		3.1 TITLE			Chang	
STREET ADDRESS			3.3 STREET	ADDOCCC	•		}
CITY-ST-ZIP.			3.4. CITY-ST			超過 植物层层	
TITLE	the same of the same of the same	☐ DELETE	4.1 TITLE	1-217		Chang	e 5 0 C Addition
NAME HOLL CY			4. 2 NAME			. To Fire Distriction	5). (E.) 20 June 1
STREET ADDRESS	TOUR FOR THE SECOND	in particular de la companya de la La companya de la co	4.3 STREET	ADDRESS			-
CITY-ST-ZIP	100		4.4 CITY-ST				
TITLE	,	☐ DELETE	5.1 TITLE			Chang	e Addition
NAME ,			5.2 NAME		13474 5 50		
STREET ADDRESS			5.3 STREET	ADDRESS	• • • •		1
CITY-ST-ZIP	[9		5.4 CITY-ST				Į
TITLE	INESETY OF ELECTION ST.	☐ DELETE	6.1 TITLE			· Change	e
NAME .	SAM MELECTRON TO THE		6.2 NAME				_
STREET ADDRESS	ROTTANIOU II		6.3 STREET	ADDRESS			
CITY_ST_7IP		•	64 CITY-ST				

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 epropowered 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

ME REQUIRED AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

ROEU3/1/1/08