


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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90002 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L39519

1. Corporation Name
OLIVER LANGSTADT, P.A.

Principal Place of Business 5761 SW 89TH COURT MIAMI FL 33173	Mailing Address 5761 SW 89TH COURT MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 12/26/1989	
4. FEI Number 65-0170926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LANGSTADT, OLIVER
815 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	LANGSTADT, OLIVER	
STREET ADDRESS	5761 SW 89 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGSTADT, OLIVER	
STREET ADDRESS	5761 SW 89 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: OLIVER LANGSTADT **RESIDENT** 09/06/99 305 461-565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

L39519
615711

RODRIGUEZ LANGSTADT & AGUERO

Attorneys at Law
A Partnership of Professional Associations

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Gladys Aguero

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9 September 1999

Secretary of State
Division of Corporations
Annual Report Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: OLIVER J. LANGSTADT, P.A.
L39519

Dear Sir or Madam:

Please be advised that I am the President of the above referenced professional association. My mailing address is 5761 SW 89 Ct., Miami, Fl 33173. That has been my mailing address for over nine(9) years. I only received the Annual Report for profit corporation, on Friday, the 3rd of September 1999. This is the first time that I received any documentation from the Department of State pertaining to the Annual Report for 1999. Thus, I have immediately filled in the requested information, and forwarded it to you.

Should you have any questions or need any further information, please do not hesitate to contact me.

RODRIGUEZ LANGSTADT & AGUERO


OLIVER J. LANGSTADT, ESQUIRE

OJL/nc

Enclosure (Annual Report and check in the amount of \$150.00)

109 SEP 02 1999