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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M26740

1. Corporation Name

SPEAR, SAFER, HARMON & CO., P.A.

Mailing Address

Principal Place of Business

FILED

SELNETARY OF STAIL

SEVISION OF CORPORATION: 99 OCT 21 PH 12: 44



8350 N.W. 52 TERR., #301 Miami Fl 33166		8350 N.W. 52 TERR.: #301 Miami Fl 33166			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 02/01/1986			
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For			
21		26			59-2627716 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired \$8.75 Additional Fee Required			
23	City & State	City & State	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Election Campaign Financing Trust Fund Contribution Added to Fees			
24	Zip Country 25	Zip Co 29 30	ountry		8. This corporation owes the current year intangible Personal Property Tax.			
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Registered Agent				
	SPEAR, SIMEON D		81	Name				
8350 NW 52ND TERR				Street Address (P.O. Box Number is Not Acceptable)				
	STE 301 MIAMI FL 33166		83	<u> </u>				
	From Will F		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.

and the state of t											
SIGNATURE	Signer including pointed name of registered agent and title if approxi-	bie (NOTE Re	egistered Agent signature r	equired when reinstating DATE							
12. OFFICERS AND DIRECTORS		13.									
Trie	DCST	DELETE	1.1 TITLE	DAV	☐ Change	Addition					
NAME :	SPEAR, SIMEON D.		1.2 NAME	RUDOLPH K. KAMEKA							
STREET ADORESS	8350 N.W. 52 TERR., #301		13 STREET ADDRESS		301						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI. FL. 33166	00-						
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME	MUTNICK, JOEL S		22 NAME								
STREET ADDRESS	8350 N.W. 52 TERR., #301		2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-2IP								
TITLE	DAV	☐ DELETE	31 TITLE	10000000	Change	☐ Addition					
NAME (SCHROEDER, PETER E.		3.2 NAME	10000302	3(5)	1					
STREET ADDRESS			33 STREET ADDRESS	1000302 -10/29/99- ****150.0		าบอบ เรียกกา					
CITY-ST-ZIP	MIAMI FL	<u>-</u>	34 CITY-ST-ZIP	****130.0	<u> </u>	30.00					
TITLE	DAS	DELETE	4.1 TITLE		Change	Addition					
NAME	INGALLS, BARBARA		4.2 NAME								
STREET ADORESS	8350 N.W. 52 TERR #301		4.3 STREET ADDRESS	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	V/ 10/20							
TITLE	DP	DELETE	51 TITLE	$M_{I_{I_{I_{I_{I_{I_{I_{I_{I_{I_{I_{I_{I_$	Change	☐ Addition					
NAME	SPEAR, M. GLENN		5.2 NAME	ψ							
STREET ADDRESS	8350 N.W. 52 TERR., #301		5.3 STREET ADDRESS	,							
CITY - S* - ZIP	MIAMI FL		5.4 CITY-ST-ZIP								
TITLE	DV	☐ DELETE	6.1 TITLE		Change	☐ Addition					
NAME	HAMILTON, STEPHEN		62 NAME	,							
STREET ADDRESS	8350 N.W. 52 TERR., #301		6 3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		64 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 AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

305-591-8850



8550 N.W. 52nd Terrace, Suite 301 Miami, Fiorida 33166 1-800-776-1099 Tel: (305) 591-8850 Fax: (305) 595-9883

October 13, 1999

Florida Department of State Katherine Harris Secretary of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Annual Report/renewal for Spear Safer Harmon & Co. FEI Number 59-2627716

Attn: Stacey

As per our telephone conversation, attached please find a copy of the original renewal (we never received the original back, so your office should have it in file) plus the check that was returned to us.

As you can see, the report and payment were sent on time. The only problem was that they were mailed in separate envelopes; and although I notified your department of this problem, it did not help.

I would appreciate if you can call me when you receive this letter to make sure that everything is expedited. If any other information is needed, please do not hesitate to contact me.

Sincerely

Teddy Botana Accounts Payable

