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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000032514

1. Corporation Name

JAY FELDMAN, COUNSELLOR-AT-LAW, PROFESSIONAL ASS

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Principal Plac	ce of Business	- 1. - 1.	Mailing Address				T THE DISEASE AND THE PERSON AND THE	INIST NASTI NET	KA ISHIN ISHNI BENDI	11011 0191 1091
8333 W MCNA 228	NB AD		4976 N.W. 97TH DRIV							
TAMARAC FL	33321						, DO NOT WR		S SPACE	`
US							3. Date Incorporated or Qualifed 04/29/1993	j		
2. Principal F	Place of Business	P.V	2a. Mailing Address	;			4. FEI Number		Ap	plied For
21	* <u>*                                  </u>	<u>k</u>	26				65-0393766		, No	ot Applicable
Suite, Apt.	. #, etc.	h.	Suite, Apt. #, etc	C.			. 5. Certifcate of Status Desired		<b>\$8.75</b> / Fee Re	
City & Star	ite		City & State				6: Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	- Çc	ountry	Zip	Co	ountry		8. This corporation owes the cur	rent vear Ir		,
24	25	·	29	30			, Personal Property Tax.		Yes	II No │
	9. Name and A	ddress of Current	Registered Agent				10. Name and Address of New	Registered	d Agent	
					81	Name				
4976	DMAN, JAY 6 N.W. 97TH DRIV	Æ(			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
COF	ral springs fl	33076			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 1 1 3 4 E 40 E	(\$ \ \$' # 15 p)
		The second secon			84	City				Code
44 Duranant	**************************************	. j		04-4-4				-	<u> </u>	
office or i	registered agent, or	both, in the State of	and 607.1508, Florida s Florida. Such change v	Statutes, the a was authorize	above- ed by t	-named corpo the corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose on the purpose of the purpos	of changing its pintment as rec	registered ( gistered
annot la	am familiar with, and	accept the obligation	ne of Saction 607 0506	E Eladda Car						
ayem. ra	7	· i	ins of, Section 607.030.	o, Fiorida Sia	itutes.					i
SIGNATURE		1,4			itutes.		. •			
SIGNATURE	Signature, typed or printed	name of registered agent a	nd title if applicable.	(NOTE: Registere	itutes. ed Agent		when reinstating)	DATE	AID DIRECTO	
SIGNATURE	Signature, typed or printed	1,4	nd title if applicable.	(NOTE: Registere	of Agent		when reinstating).			RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed	name of registered agent a	nd title if applicable.	(NOTE: Registere:  13. TE 1.1 T	od Agent		when reinstating)		ND DIRECTO	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed  D FELDMAN, JAY	name of registered agent a	nd title if applicable.	(NOTE: Registered 13. TE 1.2 N	od Agent . TITLE	signature required	when reinstating).			RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typod or printed  D FELDMAN, JAY 4976 N.W. 97TH	name of registered agent a OFFICERS AND	nd title if applicable.	(NOTE: Registere: 13. TE 1.1 T 1.2 N 1.3 S	INTUTES.  INTUTE  VAME  STREET	signature required	when reinstating).			RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed  D FELDMAN, JAY	name of registered agent a OFFICERS AND	nd title if applicable.  DIRECTORS  DELET	(NOTE: Registere 13. TE 1.1 T 1.2 N 1.3 S 1.4 C	INTUES. INTUE  NAME  STREET A	signature required	when reinstating).		☐ Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typod or printed  D FELDMAN, JAY 4976 N.W. 97TH	name of registered agent a OFFICERS AND	nd title if applicable.	(NOTE: Registered 13.) TE 1.1 T 1.2 N 1.3 S 1.4 C 2.1 TI	ad Agent . TITLE NAME STREET A CITY- ST-	signature required	when reinstating).			RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FELDMAN, JAY 4976 N.W. 97TH CORAL SPRING	name of registered agent a OFFICERS AND	nd title if applicable.  DIRECTORS  DELET	(NOTE: Registere  13. TE 1.1T 12.N 1.3.S 1.4.C JE 2.1 TI 22.N	Ad Agent TITLE NAME STREET A CITY-ST- TITLE NAME	signature required  ADDRESS	when reinstating).		☐ Change	RS IN 12
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachine an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90016 024 \*\*\*150.00