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

PROFIT COF:PORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherin a Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90208 003 \*\*\*150.00

| DOCUMENT # | P95000058127 |
|------------|--------------|

1. Corporation Name

D. BUDNER & ASSOCIATES, INC.

|  | _   |                            |               |                                |   |             |              |
|--|---|----------------------------|---------------|--------------------------------|---|-------------|--------------|
| Principal Place of Business Mailing Address        |   |                            |               |                                |   |             |              |
| 8177 W GLADES ROAD #219 8177 W GLADES ROAD #219    |   |                            |               |                                | ĺ   |             |              |
| BOCA RATON FL 33434 BOCA RATON FL 33434            |   |                            | ļ             |                                | DO NOT WRITE IN TH                              | IIS SDACE   |              |
|  |   |                            |               |                                | 3. Date Incorporated or Qualifed                | III SFACE   |              |
|  |   |                            |               |                                | 07/25/1995                                      |             |              |
| <u> </u>   | (D)   | 2- Mailing Address         |               |                                | 4. FEI Number                                   | Ani         | plied For    |
| 2. Principal Place of Business 2a, Mailing Address |   |                            |               |                                | 65-0603685                                      | <u> </u>    | t Applicable |
| 21   | 4 -1-   | Suite, Apt. #, etc.        |               |                                | 05 0003005                                      | \$8.75 A    |              |
| — · · ·  | <del></del>   |                            |               | · -                            | 5. Certificate of Status Desired Fee Required   |             |              |
| City & State City & State                          |   |                            |               | 6. Election Campaign Financing | \$5.00  |             |              |
| ¬,   |   |                            |               |                                | Trust Fund Contribution                         | Added to    | •            |
| Zip  | Zip Country Zip   |                            | Cour          | strv                           | 8. This corporation owes the current year       |             |              |
| <b>-</b>   | 25  | 29                         | 30            | •                              | Personal Property Tax.                          |             | EINO         |
| 24   | 9. Name and Address of Current  |                            |               |                                | 10. Name and Address of New Registers           | ec Agent    |              |
|  | <u> </u>  |                            |               | 81 Name 7                      |   |             |              |
| 8177   | NER, MORDE <del>chai</del><br>7 W Glades Road #219<br>:A Raton FL 33434   |                            |               | 82 Street Add                  | ress (P.O. Box Number is Not Acceptable)        |             |              |
|  |   |                            |               | 84 City                        | F   | 85 Zip C    | Ccde         |
| office or r<br>agent. La<br>SIGNATURE              | egistered agent, or both, in the State of maniliar with, and accept the obligate Signature, typed or printed har he of registered agent | ions of, Section 607.0505, | Florida Statu | tes.                           | on's board of directors. I hereby accept the ap |             |              |
| 12.  | OFFICERS ANI  | - <del></del> -            | 13.           |                                | ADDITICINS/CHANGES TO OFFICERS                  | AND DIRECTO | FS IN 12     |
| TITLE  | PD  | ☐ DELETE                   | 1.1 TITLE     |                                |   | ☐ Change    | Addition     |
| NAME   | BUDNER, DORIS   |                            | . 1 2 NAJ     | ME.                            |   |             | 1            |
| STREET ADDRE 3S                                    | 8177 W GLADES ROAD #219   |                            | 1.3 STF       | REET ADDRESS                   |   |             | J            |
| CITY-ST-ZIP  | BOCA RATON FL 33434   |                            | 1.4 CIT       | Y-ST-ZIP                       |   |             |              |
| TITLE  | VSTD  | ☐ DELETE                   |               |                                |   | ☐ Change    | ☐ Addition   |
| NAME   | BUDNER, MORDECHAI   |                            | 2.2 NA        | ME                             |   |             |              |
| STREET ADDRESS                                     | AATT IN OLADED BOAD #040  |                            | 2 3 STF       | REET ADDRESS                   |   |             | 1            |
| CITY-ST-ZIP  | BOCA RATON FL 33434   |                            | 2 4 CI        | ry-ST-ZIP                      |   |             |              |
| TITLE  | 303,73,03,73  | ☐ DELETE                   |               |                                |   | ☐ Change    | Addition     |
| NAME   |   |                            | 32 NA         | ME                             |   |             | 1            |
| STREET ADDRESS                                     |   |                            | 3.3 ST        | REET ADDRESS                   |   |             | 1            |
| CITY-ST-ZIP  |   |                            | Į.            | Y-ST-ZIP                       |   |             | }            |
| TITLE  |   | ☐ DELETE                   |               |                                |   | Change      | Addition     |
| NAME   |   |                            | 4. 2 NA       | ME                             |   |             | \            |
| STREET ADDRESS                                     |   |                            |               | REET ADDRESS                   |   |             | }            |
|  |   |                            |               | Y-ST-ZIP                       |   |             | ]            |
| CITY-ST-ZIP<br>TITLE                               |   | ☐ DELETE                   |               |                                |   | Change      | Addition     |
| NAME ;   |   |                            | 5.2 NA        | 1                              |   |             |              |
| STREET ADDRESS                                     |   |                            |               | REET ADDRESS                   |   |             |              |
| •  |   |                            |               | Y-ST-ZIP                       |   |             |              |
| CITY-ST-ZIP<br>TITLE                               |   | DELETE                     |               |                                | ·   | Change      | Addition     |
| NAME   |   |                            | 6.2 NA        | ME                             |   |             |              |
| STREET ADDRESS                                     |   |                            | 6.3 STI       | REET ADDRESS                   |   |             |              |
| ~  | 1   |                            |               |                                |   |             | I            |

14. 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 signs ture shall have the same legal effect as if made under oath; that I am an office 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 change do or on an attachapent with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-22-99 561 482-3499 Daytime Phone #