**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V09081

1. Corporation Name

DERN CAPITAL MANAGEMENT CORPORATION

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90173 040 \*\*\*150.00



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Principal Place of Business Mailing Address					- I (DB1) BIIIDI? PBIIID	18til 90101 (8101 (181 8181)	OLDIA EKOKI DIBIA I	EIDEI MINIE INDI
6745 WOODBRIDGE DRIVE 6745 WOODBRIDGE DRIVE								
BOCA RATON FL 33434 BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE			•	
					3. Date Incorporated o			
					01/23/1992			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-03167 <u>36</u>			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5, Certifcate of Status	Desired	\$8.75	
22	27			5, Controlle of Custo		Fee Re		
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribu			to Fees
Zip	Country Zip Cou							
24	25	<del></del>	30]		Personal Property T 10. Name and Address			PER COLO
9. Name and Address of Current Registered Agent				1 Name	IV. Name and Address	o new regional	· rigo	
_ BLOOM, LEONARD H.								
TRO MEDICALE ANENHE			8	2 Street Addre	ess (P.Q. Box Number is N	ot Acceptable)	BL	בעי
SUITE DEED CHANGE OF			8	3 🔵				
MIAN	<del> \FL-33131</del> <≥ A.	DRESS		4 City o	FB (T 473	0	85 Zin	Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab- office or registered agent, or both, in the State of Florida. Such change was authorized					oration submits this statem on's board of directors. I he	ent for the purpose of reby accept the appo	of changing its pintment as re	registered egistered
agent. I an	n familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	95.				İ
SIGNATURE	Signature, typed or printed name of registered agent	and title if conligable /NOTE: I	Senistered &c	ent signature required	d when reinstation)	DATE		}
12,	OFFICERS AND		13.	gent signistate require	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PST .	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	DERN, ALVIN		1.2 NAME	<b>=</b>				ì
STREET ADDRESS	6745 WOODBRIDGE DRIVE		1.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition \
NAME _	DERN, ALVIN		2.2 NAMI	<b></b>				}
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CITY-ST-ZIP			6.4 CITY	-\$1-4P				

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.

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