

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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90101 021 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V34727**

1. Corporation Name  
**EDMOND L. SUGAR, P.A.**



Principal Place of Business 950 S FEDERAL HWY HOLLYWOOD FL 33020 US	Mailing Address 950 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/07/1992</b>	4. FEI Number <b>65-0329096</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>5741 SHERIDAN STREET</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5741 SHERIDAN STREET</b> Suite, Apt. #, etc.
22	27
23 City & State <b>HOLLYWOOD, FL</b>	28 City & State <b>HOLLYWOOD, FL</b>
24 Zip <b>33021</b>	29 Zip <b>33021</b>
Country <b>USA</b>	30 Country <b>USA</b>

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SUGAR, EDMOND L.**  
 950 S. FEDERAL HIGHWAY  
 HOLLYWOOD FL 33020

81 <b>EDMOND L. SUGAR</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5741 SHERIDAN STREET</b>
83
84 City <b>HOLLYWOOD</b>
85 Zip Code <b>FL 33021</b>

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 607.0606, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*MARCH 29, 99*

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SUGAR, EDMOND L.</b>
STREET ADDRESS	<b>950 S. FEDERAL HIGHWAY</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>DIRECTOR, PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EDMOND L. SUGAR</b>
1.3 STREET ADDRESS	<b>5741 SHERIDAN STREET</b>
1.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
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:

**SIGNATURE REQUIRED**

3/28/99

954-925-3700

CR2E034 (1-17-98)