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**PROFIT** CORPORATION ANNUAL REPORT

1999

Corporation Name

DOCUMENT # **V63838** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90075 050 \*\*\*150.00

ANNE W	. FISCHER, PR.D., P.A.							
Principal Place	e of Business	Mailing Address			<b>an andro bilge</b> and in	EN TRIBL FRAT OCH	ita didai didai didai	ATATE ASPEC FARE
7241 SW 78 CT		8770 SW 72ND ST						
MIAMI FL 33143		STE 245						
1		MIAMI FL 33172-3512			DO NOT V	RITE IN TH	IIS SPACE	
		US			corporated or Qualit	ed		
			_	09/15/	<u> </u>			
2. Principal Pi	lace of Business	2a. Mailing Address		4, FEI Nur			_ <del></del> -	pplied For
21 1437	5 SIN 190 ST	26 19325 JU	19.0-St-	65-03	<u> 59356</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certifca	te of Status Desired			Additional
22 17121	W FL 33187	27 Mianu +	<u></u>					equired
City & State	1 CLEANOR A -C.				Campaign Financi	ng 🗆	7 -	May Be
23 3318	? 7-1906	28 331871906	Thom Do		and Contribution			to Fees
Zip	Country	Zip	Country		poration owes the	current year	Intangible    Yes	□No
24	25	29 36	<u> </u>		al Property Tax.	w Booletor		<u> </u>
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name a	and Address of Ne	w Kedister	eu Agent	
FISC	HER, ANNE M.		Join Manne					
	SW 78 CT		82 Street A	Address (P.O. Box	Number is Not Acc	eptable)		
	/II FL 33143		83 19	325 S	W (403	<b>&gt;</b>		
1710/11			" M.	11116	午(二字)	1	Mell	ı
			84 City		- O(	F	85 Zip	Code
	to the provisions of Sections 607.050	1007 4500 Clarity Dr. b.t.	33	5(8/ ( - (	400	-	_ , ,	e registered
						are purpose	or orienging in	3 logistored
office or n	enistered agent or both in the State.	of Florida. Such change was auth	nonzed by the corpo	ration's board of d	irectors. I hereby a	cept the ap	pointment as re	egistered
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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 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: <u>Q</u> NG OFFICER OR DIRECTOR