

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90122 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 282285

1. Corporation Name
NOTARY PUBLIC ASSOCIATION OF THE STATE OF FLORIDA, INC.



Principal Place of Business 8401 NW 53RD TERRACE SUITE #111 MIAMI FL 33166-4525	Mailing Address 8401 NW 53RD TERRACE SUITE #111 MIAMI FL 33166-4525
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 06/15/1964	4. FEI Number 59-1058261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GOLD, JACK J.
8401 NW 53RD TERR #111
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, JACK	12 NAME	
STREET ADDRESS	8401 NW 53RD TERR #111	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ARACELY	22 NAME	
STREET ADDRESS	8401 NW 53RD TERR #111	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166-4525	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ALIXA	32 NAME	
STREET ADDRESS	8401 NW 53RD TERR #111	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166-4525	34 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, JASON A	42 NAME	
STREET ADDRESS	8401 NW 53RD TERR #111	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166-4525	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, SARI L	52 NAME	
STREET ADDRESS	8401 NW 53RD TERR #111	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166-4525	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, EMILIO	62 NAME	
STREET ADDRESS	8401 NW 53RD TERR #111	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166-4525	64 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Gold Jack Gold 3/16/99 305-591-7624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)