

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90071 024 \*\*\*150.00

DOCUMENT # 370310

1. Corporation Name  
SID HERSH ASSOCIATES, INC.

Principal Place of Business  
16095 N.W. 57TH AVENUE  
HIALEAH FL 33014

Mailing Address  
16095 N.W. 57TH AVENUE  
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1970

4. FEI Number

59-1302212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5190 N.W. 167th Street

Suite, Apt. #, etc.

22 105

City & State

23 Hialeah, FL 33014

Zip Country

24 33014

25

2a. Mailing Address

26 5190 NW 167th Street

Suite, Apt. #, etc.

27 105

City & State

28 Hialeah, FL 33014

Zip Country

29 33014

30

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESQ  
16666 N.E. 19 AVENUE  
SUITE 115  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

LEOPOLD, NORMAN ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

20801 Biscayne Boulevard

83

84 City

Aventura

FL

85 Zip Code

33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LICHTEN, JOHN  
STREET ADDRESS 16095 NW 57TH AVENUE  
CITY-ST-ZIP HIALEAH, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Lichten, John

1.3 STREET ADDRESS 5190 NW 167th Street, S-105

1.4 CITY-ST-ZIP Hialeah, FL 33014

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

305 625-5555

Daytime Phone #

0131192

CR2E034 (1/1/98)