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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 391520

1. Corporation Name

FREDERIC H. BERLOWE ASSOCIATES, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90050 035 ***150.00



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Principal Place	of Business	Mailing Address				r immide tribe in a grand bruse men sens bruse eren		
420 SOUTH DIXIE HIGHWAY. SUITE 2-R 420 SOUTH DIXIE HIGHW CORAL GABLES FL 33146 CORAL GABLES FL 33146		HIGHWAY. SUI	TE 2-R					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	TAOL:	
						•		
		T				11/17/1971 4. FEI Number	App	lied For
2. Principal Pl	ace of Business	2a. Mailing Addres	SS			1		Applicable
21	<u>, </u>	26	.,-			59-1370874	\$8.75 A	
Suite, Apt. i	#, etc.	Suite, Apt. #, e	itc.			5. Certificate of Status Desired	Fee Rec	
22		27						
City & State	• · ·	City & State				6. Election Campaign Financing	\$5.00	
23	<u> </u>	28				Trust Fund Contribution	Added to	rees
Zip ,	, Country	Zip		Country		8. This corporation owes the current year Intar	ngible MaYes İ	□No
24	25	29	30		<u>.</u>	i eladital i topolty tox.		NO
	9. Name and Address of Curre	nt Registered Agent		_		10. Name and Address of New Registered A	gent	
	The state of the state of the state of	<i>!</i>		81	Name		•	•
BERI	LOWE, FREDERIC	September 19 Carlo		82	Street Add	ress (P.O. Box Number is Not Acceptable)	 ,	
420	S. DIXIE HWY., SUITE 2-R	Contract Con	•	-	Q110017100	The state of the s	410 <u>4110 7 410 7 4</u>	24.774
COR	AL GABLES FL 33146			83				
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				84	City	FI	85 Zip C	ode
	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change pations of, Section 607.05	505, Florida Si	tatutes.		poration submits this statement for the purpose of coon's board of directors. I hereby accept the appointment when reinstation.	tment as reg	jistered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.05 pent and title if applicable.	(NOTE: Registe	tatutes.		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO	RS IN 12
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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.