## 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** 

DOCUMENT # 494224

ATLAS, PEARLMAN, TROP & BORKSON, P.A.

Principal Place of Business Mailing Address

## **FILED** Jan 22, 1999 8:00am Secretary of State 01-22-1999 90048 050 \*\*\*150.00



200 EAST LAS OLAS BOULEVARD POST OFFICE BOX 14610 SUITE 1900 FT. LAUDERDALE FL 33301 US						3.	DO NOT V Date Incorporated or Quali	VRITE IN THI	S SPACE	
2. Principal Place of Business 2a. Mailing Address						4.	FEI Number		A	oplied For
21	26					"	59-1644712		i	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional	
22 27			, , , , , ,			5.	Certificate of Status Desired	d 🗆		equired
City & State City & State					-	Flories Compaise Financi	<del></del>		<u> </u>	
23 28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country	Country 8. This corporation owes the current year Intangible			to rees		
24	25 29 30			_ `	6, This corporation two the content year mangine			□No		
24	9. Name and Address of Curr			<u> </u>			Name and Address of Ne	w Pagistere		
***	7		A Agent	81	Name	10.	Traine and Addition of the	Itogiotoro	- Agent	
TROP, MICHAEL L				Ĺ						
200 EAST LAS OLAS BOULEVARD				82	Street Ac	ddress (P	O. Box Number is Not Acc			
SUITE 1900			83			gajaha, agasajar ayan gajaha esti mangang Agas dina at ayan ayan	3 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	T 5 7	2 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	
FORT LAUDERDALE FL 33301			63							
1011	- CADDENDALE I E 3000 I			84	City				85 Zip	Code
ora correspon	may year to be a second			i_				. <u>F</u>	<u> </u>	
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). I Section 607.0505.										
12.	OFFICERS /	AND DIRECT	ORS	13.		P	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	ORS IN 12
TITLE :		7.7	☐ DELETE	1.1 TITLE	7 6 53 7		The state of the s		Change	☐ Addition
NAME	ATLAS, JAN			1.2 NAME						ļ
STREET ADDRESS 200 EAST LAS OLAS BOULEVARD, #1900			1.3 STREET	ADDRESS					j	
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	1		1.4 CITY-S	r-ZIP					
TITLE	DVS		DELETE	2.1 TITLE		_	<del></del>		☐ Change	Addition
NAME	TROP, MICHAEL			2.2 NAME						
STREET ADDRESS	200 EAST LAS OLAS BOULE	VARD #190	· ·	2.3 STREET	ADDRESS					- 1
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2. 4 CITY-S						
TITLE	DVT.	<del>7</del>	DELETE	3.1 TITLE	1-21		<del></del>	<del></del>	Change	Addition
NAME 180	PEARLMAN, CHARLES B	or and an artist of the control of t	- DECENE	3.2 NAME				•	- Cusuão	
7. mm	200 EAST LAS OLAS BOULE		ın.							
STREET ADDRESS	Page 142, 142, 142, 143, 143, 143, 143, 143, 143, 143, 143	אארט, אואנ	,U	3.3 STREET			A STATE OF THE STA	: "	* * .	
CITY-ST-ZIP	FT LAUD, FL 00000 33301		- Decement	3.4. CITY-S	T-ZIP			<del></del>		Z. 6
TITLE	DVP		☐ DELETE	4.1 TITLE					Change	Addition
NAME ZAZI ENSTINAS	BORKSON, ELLIOT P			4. 2 NAME						
STREET ADDRESS	200 EAST LAS OLAS BOULE		)0 .	4.3 STREET	ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	<u> </u>		4.4 CITY-S	r-ZIP					
TITLE	îa  -		□ DELÉTE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME	•		•			
STREET ADDRESS	25.59			5.3 STREET	ADDRESS		•			
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP		•			
TITLE	Allanda and		DELETE	6.1 TITLE		•			☐ Change	☐ Addition
NAME	200 EAST LIS OLD 1 DIAE			6.2 NAME						. }
STREET ADDRESS)	FORT BUILDING FRANC			6.3 STREET	ADDRESS					1
SINCE MUDICESS	F849			f						1

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.

CR2E034 (11/98)