## 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 May 05, 1999 8:00 am Secretary of State

05-05-1999 90071 037 \*\*\*150.00

DOCOMENT # 508723					
1. Corporation Name					
NEIL LITTAUER & ASSOCIATES, INC.				) (56) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Brain Brain Brain Brain Brain (BB)
Principal Place	e of Business	Mailing Address		1 100 101 0 1111 0 1010 1 1011 1011 1111 1011	ושפו יועום ונפוט וועוש ונעום ונאום גועום
9900 SW 127TH		POB 560066			
STE 100 - POB 491457-					
		MIAMI FL 33256		DO NOT WRITE IN THE	S SPACE
บร		US		3. Date Incorporated or Qualifed	}
· ·	*	To Marilla Address		06/10/1976 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address 26 P. O. BOX 560	2066	59-1675822	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	m, 0.00.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28 M/AMI FL	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 33256 30	<u>us</u>	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. I				10. Name and Address of New Registered	Agent
LITTAUER, NEIL D			Name		
7715 SW 86TH ST A2-305		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33143		83			
1					
			84 City	<u>F</u>	
11. Pursuant	to the provisions of Sections 607.0502	oration submits this statement for the purpose of	of changing its registered		
11. Pursuant to the provisions of sections 607.0502 and 607.1506, Florida Statutes, 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	<b>经验证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证</b>	2. 数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	Carlos at 18 Carlos Carlos		。 在 1000 1000 1000 1000 1000 1000 1000 1
	Signature, typed or printed frame of registered agent	and title if applicable:	gistered Agent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12.	PD PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
1	LITTAUER, NEIL D.	C 2441.C	1.2 NAME		_
NAME STREET ADDRESS	7715 SW 86TH ST APT 305		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	LITTAUER, AIDA		2.2 NAME	•	
STREET ADDRESS	7715 SW 86TH ATP 305		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change TA 4400-
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP	<del>``</del>	Change Addition
TITLE		☐ nerete	5.1 TITLE 5.2 NAME		,
NAME	`		5.3 STREET ADDRESS		
					I
STREET ADDRESS	•		5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	į į		☐ Change ☐ Addition
CITY-ST-ZIP TITLE	·	☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	·	[] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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, if or any attachment with an address, with all other like empowered.

SIGNATURE:

NATURE IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

305/238-9188

DOED34 (11/98)