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 # 528245

1. Corporation Name

THE ACKERMAN GROUP, INC.

Principal	Place o	f Business

Mailing Address

1666 KENNEDY CAUSEWAY #700 MIAMI BEACH FL 33141

1666 KENNEDY CAUSEWAY #700 MIAMI BEACH FL 33141

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90070 027 ***158.75



					3. Date Incorporated or Qualifed					
	<u> </u>				ĺ	02/15/1977	1			
2. Principal	Principal Place of Business 2a. Mailing Address					4. FEI Number				
21								\sqcup	Applied For	
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1724925		<u>,</u>	Not Applicable	
27						5. Certifcate of Status Desired	×		5 Additional	
City & State City & State						Fee Required				
23			 ′		1	6. Election Campaign Financing \$5.00 May Be				
Zip	Country		28			Trust Fund Contribution Added to Fees				
24	25	⊢, ′	Zip Country			8. This corporation owes the cur	ent vear In			
1271		29 30				Personal Property Tax.				
·	9. Name and Address of Curren	t Registered Agent		L.	1	10. Name and Address of New I	Registered	Agent		
AC	KERMAN, E C			81	Name					
527	5370 N BAY ROAD			-						
1 507	MI DOLLEL COLLO			82	Street Address (P.O. Box Number is Not Acceptable)					
NATE OF THE PROPERTY OF THE PR	WII BCH FL 33140			83		The first of the second of the second	E	72 Mary 14 (24) 14 (4)	2- 5-0-1-2-X 1-11Xx	
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11 Pureupo	to the emission of Continuous						Fi	85 Zip	Code	
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the al	bove-r	named corporat	tion submits this statement for the	purpose of	changing i	ls registered	
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statı	ı by tn ıtes	ie corporation's	board of directors. I hereby accep	t the appoi	ntment as i	egistered	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered .	Agent si	ignature required who	en reinstating) y				
12.	OFFICERS AND	DIRECTORS	13.	<u></u>	B and a mile		DATE			
TITLE	PD	☐ DELETE	1.1 TIT	LE	— — —	ADDITIONS/CHANGES TO OF	ICERS AN			
NAME	ACKERMAN, E.C.		1.2 NA			to congress,		☐ Change	☐ Addition	
STREET ADDRESS	1666 KENNEDY CAUSEWAY								.]	
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TITLE	VD			Y-ST-ZI	1P				-]	
NAME	MCCAVITT, JOHN J.	☐ DELETE	2.1 TITL	Æ				☐ Change	Addition	
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-865-0073