## 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	#	534521
4. Compression Name		

ACTUARIAL RESEARCH & DEVELOPMENT CORP.

FIRIC	pai ria	ce u	Dusii
2140 S	S. DIXIE	HIGH	WAY

Mailing Address

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90010 017 \*\*\*150.00



2140 S. Dixie Highway Miami Fl 33133		2140 S. DIXIE HIGHWAY MIAMI FL 33133		DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualifed 04/07/1977		
2. Principal Place of Busin	ness	2a. Mailing Address			4.	FEI Number		Applied For
<u> </u>		26				59-1738777		Not Applicable
Suite, Apt. #, etc.	-	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		75 Additional se Required
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
			81	Name				
GOLDBERG, MICHAEL C. 8555 PONCE DE LEON RD.		82	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 3314	3		83	,				
	·		84	City		F	L 85	Zip Code
11. Pursuant to the provis	sions of Sections 607.0502 ar	nd 607.1508, Florida Statutes, the	above	e-named corp	poratio	n submits this statement for the purpose	of changi	ng its registered

reuseant to the provisions of Sections 607,0002 and 607,1000, Florida 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature r	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CBD □ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, MICHAEL C.	1.2 NAME	SCHIFF ALBERT
STREET ADDRESS	8555 PONCE DE LEON RD.	1.3 STREET ADDRESS	263 TRESSERBLUD, 10TH FLOOR
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	STAMFORD, CT
TITLE	VP □ DELETE	2.1 TITLE	PRICE, BEVERLY
NAME	MURO, KATHLEEN	2.2 NAME	5600 SW 95 ST
STREET ADDRESS	407 S.E. 7 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL.	2. 4 CITY-ST-ZIP	MIAM), FL
TITLE	STD DELETE	3.1 TITLE	Change Addition
NAME	GOLDBERG, CINDY L	3.2 NAME	PRICE, SCOTT
STREET ADDRESS	8555 PONCE DE LEON RD.	3.3 STREET ADDRESS	5600 SW 95 ST
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP	MIAMI, EL
TITLE	V DELETE	4.1 TITLE	NIERENBERG BRUCE Change Addition
NAME	STROUD, CHRISTINE	4. 2 NAME	774 GLENGARRY DR
STREET ADDRESS	7420 SW 162ND ST	4.3 STREET ADDRESS	MELBOURNE, FL
CITY-ST-ZIP	MIAMI FL	4.4 CffY-ST-ZiP	
TITLE	D DELETE	5.1 TITLE	PICK, EDWARD Change Addition
NAME	ALVAREZ, CESAR	5.2 NAME	I - 417 AT GREENWAY DR
STREET ADDRESS	1221 BRICKELL AVE 22ND FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V □ DELETE	6.1 TITLE	SIWERMAN MARK Change MAddition
NAME	FLEISCHMAN, RICHARD	6.2 NAME	I OUD LAVEIDICELLICE LIKE
STREET ADDRESS	75 BREAKNECK HILL ROAD	6.3 STREET ADDRESS	
CITY OT 7ID	SOLITHROPO MA	6.4 CITY-ST-ZIP	Pt. LAUDERDALE, FL 33332

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 conocitation 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 chapter. From any attachment with an address, with all other like empowered.

SIGNATURE: