

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90071 048 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999-1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 549005
1. Corporation Name
RICHARD A. LANDAU, INC.

Principal Place of Business
410 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address
410 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 410 E HALLANDALE BEACH BLVD
Suite, Apt. #, etc.
22 Suite 202
City & State
23 HALLANDALE FL
Zip
24 33009
Country
25 USA

2a. Mailing Address
26 410 E HALLANDALE BEACH BLVD
Suite, Apt. #, etc.
27 Suite 202
City & State
28 HALLANDALE FL
Zip
29 33009
Country
30 USA

3. Date Incorporated or Qualified
10 11 1977

4. FEI Number
59-177429

5. Certificate of Status Desired
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

Applied For
Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LANDAU, RICHARD
410 E HALLANDALE BEACH BLVD
Suite 202
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
LANDAU, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable)
410 E HALLANDALE BEACH BLVD
83 Suite 202
84 City
HALLANDALE FL
85 Zip Code
33009

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 Richard Landau RICHARD LANDAU

43099

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST D	<input type="checkbox"/> DELETE
NAME	LANDAU, RICHARD	
STREET ADDRESS	410 E HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LANDAU, RICHARD	
13 STREET ADDRESS	410 E HALLANDALE BEACH BLVD Suite 202	
14 CITY-ST-ZIP	HALLANDALE FL 33009	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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.

SIGNATURE: Richard Landau Pres RICHARD LANDAU PRES

43099 9544589858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)