Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90045 004 ***150.00

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 # 5542

1. Corporation	GHAM & ANENBERG, P.A.							
Principal Place	e of Business	Mailing Address	-			i 186181 ens enn elbe (nil 6811 en 1961 en	ati aikii 41811 bia	
7401 N UNIVER	ISITY DR	7401 N UNIVERSITY DR	}					
SUITE 207		SUITE 207						
TAMARAC FL 33321 TAMAR		TAMARAC FL 33321	MARAC FL 33321		DO NOT WRITE IN THIS SPACE			
			_			3. Date Incorporated or Qualifed 10/15/1977		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	⊢ +	Applied For
21 .		26				59-1772084		Not Applicable
Suite Apt.	#, etc.	Suite Apt. # etc.		فسنت يستخ		5. Certifcate of Status Desired		Additional Required
22	<u> </u>	27						
City & Stat	te	City & State				6. Election Campaign Financing		May Be
23		28 Tin		ountre		Trust Fund Contribution		d to Fees
Zip ;	Country	Zip		ountry		8. This corporation owes the current yea	r Intangible ☐ Yes	□No
24	9. Name and Address of Curre	29 .	30		 -	Personal Property Tax. 10. Name and Address of New Register		<u></u>
	9. Name and Address of Curre	nt Registered Ageint		81	Name	10. Name and Address of New Nogista	rea Agent	
UDIN	NE, MOREY ESO							
	UNIVERSITY DR., SUITE 802			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	VAL SPRINGS FL 33071			83		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	13 93 61 99	11 21
,00				(00)				
,				84	City		85 Z	p Códe
	to the provisions of Sections 507.05	02 and 607 1508 Florida Sta	atutae tha	1 1	•		- L. [
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11. Pursuant office or r agent. I a	im familiar with, and accept the obliga-	ations of Section 607.0505,	rionda Sta	above-red by the atutes.	named corporation		e of changing opointment as	
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP