Apr 02, 1999 8:00 am Secretary of State

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## 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 # 560137

1. Corporation Name

STEVEN Z. OBERMAN AND ASSOCIATES, INC.

| Principal Place of Business Mailing Address  |  |                        |                        |           |                |             |       | I (MNIN) neem keen neem etwas erre tun                        | i Biarrana | II BIBIT BI                            | JA1 81811 | . B1811 1831                          |  |
|--|--|------------------------|------------------------|-----------|----------------|-------------|-------|---|------------|--|-----------|---------------------------------------|--|
| 7101 W MCNAB RD  |  |                        | 7101 W MCNAB RD        |           |                |             | 1     | ·   |            |  |           |                                       |  |
| 202 .  |  |                        | 202                    |           |                |             | -     | DO NOT INDITE IN THE CRACE                                    |            |  |           |                                       |  |
| TAMARAC FL 33321   |  |                        | TAMARAC FL 33321<br>US |           |                |             |       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |            |  |           |                                       |  |
| US US  |  |                        |                        |           |                |             |       | 02/20/1978  |            |  |           |                                       |  |
| 2 Principal Place of Business 2a, Mailing Address  |  |                        |                        |           |                |             |       | 4. FEI Number   |            | $\neg \top$                            | Annli     | ed For                                |  |
| 2. Principal Place of Business   |  |                        | 2a. Mailing Address    |           |                |             |       | 59-1799310  |            | $\vdash$                               |           | pplicable                             |  |
| 21 Suite, Apt. #, etc.   |  |                        | Suite, Apt. #, etc.    |           |                |             | _     |   |            | \$8.7                                  |           |                                       |  |
| 22 ·   |  |                        | 27                     |           |                |             |       | 5. Certificate of Status Desired                              |            |  | Requ      |                                       |  |
| City & State   |  |                        | City & State           |           |                |             |       | 6. Election Campaign Financing                                |            | <b>\$5.0</b>                           | 00 Ma     | av Be                                 |  |
| 23   |  |                        | 28                     |           |                |             |       | Trust Fund Contribution                                       |            |  | ed to F   | - 1                                   |  |
| Zip Country  |  |                        | Zip Cou                |           |                |             |       | 8. This corporation owes the current y                        | ear Inta   | ngible                                 |           |                                       |  |
| 24   | 25   | 29                     |                        | 30        |                |             |       | Personal Property Tax.  |            | Yes                                    |           | No                                    |  |
| '  | 9. Name and Address of Curren  | t Regis                | tered Agent            |           | Ι,             |             |       | 10. Name and Address of New Regis                             | tered A    | gent                                   |           |                                       |  |
| ODE  | NAAN CTEVEN 7  |                        |                        |           | 81             | Name        |       |   |            |  |           |                                       |  |
| OBERMAN, STEVEN Z  |  |                        |                        |           | 82 Street Addr |             |       | ss (P.O. Box Number is Not Acceptable)                        |            |  |           |                                       |  |
| 7101 W MCNAB RD  |  |                        |                        |           |                |             |       |   |            |  |           |                                       |  |
| 202  | DAC EL 22201   |                        |                        |           | 83             |             |       |   |            |  |           | }                                     |  |
| TAMA   | NRAC FL 33321  |                        |                        |           | 84             | City        |       |   |            | 85 Z                                   | Zip Cod   | de                                    |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute                                |  |                        |                        |           | 1 1 -          |             |       |   | <u>FĻ</u>  | ــلـــــــــــــــــــــــــــــــــــ | -11 -     | · · · · · · · · · · · · · · · · · · · |  |
| office or re<br>agent. I an  | egistered agent, or both, in the State<br>in familiar with, and accept the obliga  | of Florid<br>tions of, | section 607.0505, Flor | ida Sta   | a by<br>tutes. | tne corpora | ation | is board of directors. Thereby accept the                     | ATE        | tment as                               | ; regis   | tered                                 |  |
| Signature, typed or printed name of registered egent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS |  |                        |                        |           | 13.            |             |       | ADDITIONS/CHANGES TO OFFICE                                   |            | DIREC                                  | TOR       | S IN 12                               |  |
| TITLE  | PDS  |                        | ☐ DELETE               |           | ITLE           |             |       |   |            | Chang                                  |           | Addition                              |  |
| NAME   | OBERMAN, STEVEN Z.   |                        |                        | 1.21      | IAME           |             |       |   |            |  |           |                                       |  |
|  | 7101 W MCNAB RD 202  |                        |                        | 1.3 5     | TREET          | ADDRESS     |       |   |            |  |           |                                       |  |
| C/TY-ST-ZIP  | TAMARAC FL   |                        |                        | 1.40      | XTY-S1         | T-ZIP       |       |   |            |  |           |                                       |  |
| TITLE  |  |                        | ☐ DELETE               | 2.1 TITLE |                |             |       |   | ☐ Chang    | ge                                     | Addition  |                                       |  |
| NAME   |  |                        |                        | 2.21      | IAME           | Ì           |       |   |            |  |           | 1                                     |  |
| STREET ADDRESS   | ,  |                        |                        | 2.3 5     | TREET          | ADDRESS     |       |   |            |  |           |                                       |  |
| CITY+ST+Z!P  |  |                        |                        | 2.4       | CITY-S         | T-ZIP       |       |   |            |  |           |                                       |  |
| -TITLE   | and the second s |                        | DELETE                 | ≃3.1√     | TILE -         |             |       | ە ئىسىنى <del>كىدىكى</del> نىڭ ۋارىك <del>ىنىدىك</del> ە «خار | -سو . سود- | . Chan                                 | ge 🗻 -    | . Addition                            |  |
| NAME   |  |                        |                        | 3.21      | AME            |             |       |   |            |  |           |                                       |  |
| STREET ADDRESS   |  |                        |                        | 3.3 9     | TREET          | ADDRESS     |       |   |            |  |           |                                       |  |
| CITY-ST-ZIP  |  |                        |                        | 3.4.      | CITY-S         | T-ZIP       |       |   |            |  |           |                                       |  |
| TITLE  |  |                        | ☐ DELETE               | 4.11      | TTLE           | <b>,</b>    |       |   |            | ☐ Chan                                 | ge        | Addition [                            |  |
| NAME   |  |                        |                        | 4. 2      | NAME           | ŀ           |       |   |            |  |           |                                       |  |
| STREET ADDRESS   |  |                        |                        | 4.3 9     | TREET          | TADDRESS    |       |   |            |  |           |                                       |  |
| CITY-ST-ZIP  |  |                        |                        | 4.4 (     | TY-S           | T-ZIP       |       |   |            |  |           | □ Addition                            |  |
| TITLE  |  |                        | ☐ DELETE               | 5.1 7     |                |             |       |   |            | ☐ Chan                                 | .ye       | Addition                              |  |
| NAME   |  |                        |                        |           | IAME           |             |       | ·   |            |  |           | {                                     |  |
| STREET ADDRESS   |  |                        |                        |           |                | ADDRESS     |       |   |            |  |           |                                       |  |
| CITY-ST-ZIP  |  |                        |                        |           | TTY+SI         | I+ZIP       |       |   |            | ☐ Chan                                 |           | Addition                              |  |
| ΠΠΕ  |  |                        | ☐ DELETE               | ı         |                |             |       |   |            |  | yc        |                                       |  |
| NAME   |  |                        |                        |           | MME<br>TOEE1   | T ANNRESS   |       |   |            |  |           | 1                                     |  |
| Athenry (  |  |                        |                        | ■ 10 × 3  | INCH-          | LMUURPAA    |       |   |            |  |           |                                       |  |

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.

SIGNATURE:

CITY-ST-ZIP 3