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

OCI	UME	NT	#	58	29	82
_			,	-	-	\sim

1. Corporation Name

STUART S. ROSENTHAL, P.A.

	·					{					
Principal Place of Business Mailing Address						(18618) Endt (818) janie (818) janie jani					
404 E ATLANTIC BLVD 404 E ATLANTIC BLVD											
STE 101		STE 101	=			DO NOT WRITE IN THIS SPACE					
POMPANO BCH FL 33060 POMPANO BCH FL 33060 US						3. Date Incorporated or Qualifed					
US	•	00				10/10/1978					
2 Oringinal D	lace of Business	2a. Mailing Address				4. FEI Number	\neg	App	lied For		
·		26				59-1849349	-	+ · ·	Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				_	\$8.7		ditional		
22	<i>m</i> , 6.6.	27				5. Certifcate of Status Desired	•	e Req			
City & State	e	City & State				6. Election Campaign Financing	\$5.	.00 .	May Be		
23		28				Trust Fund Contribution			Fees		
Zip	Country	Zip	Country	,		8. This corporation owes the current year Int	angible				
24			10			Personal Property Tax. ☐ Yes ☑ No					
1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent				
			81		Name						
	enthal, stuart s		82	Street Address (P.O. Box Number is Not Acceptable)							
	E ATLANTIC BLVD		02		Street Address (F.O. Box Number is Not Acceptable)						
STE			83	1					_		
POM	PANO BCH FL 33060			-	0.1		Toel	Zip C			
			84	1	City	FL	85	Zip C	oue		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abov	e-r	named corpor	ration submits this statement for the purpose of	changin	ng its r	egistered		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	honzed by	' in	ne corporation	's board of directors. I hereby accept the appoi	itment a	as reg	Isterea		
	III tamiliai with, and accept the obligat	10113 01, 0000011 007.0000, 1 10110									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Age	nt s	signature required w	when reinstating) DATE					
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTO			
TITLE	PSTD	. DELETE	1.1 TITLE				Cha	ange	☐ Addition		
NAME	Rosenthal, Stuart S.		1.2 NAME		}						
STREET ADDRESS	404 E ATLANTIC BLVD, #101		1.3 STREE	T A	DDRESS						
CITY-ST-ZIP	POMPANO BCH FL 33060		1.4 CITY-S	3T- Z	ZIP				_		
TITLE		☐ DELETE	2.1 TITLE				Cha	ange	☐ Addition		
NAME			2.2 NAME								
STREET ADORESS			2.3 STREE	TAI	NODRESS						
- CITY-ST-ZIP		_	-2, 4 CITY-5	ST-	-ZIP						
TITLE		☐ DELETE	3.1 TITLE				☐ Cha	ange	Addition		
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	ET AI	ADDRESS						
CITY-ST-ZIP			3.4. CITY-								
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	ange	Addition		
NAME	_		4. 2 NAME								
STREET ADDRESS	•		4.3 STREE		ADDRESS						
CITY-ST-ZIP			4.4 CITY-S			•					
TITLE	<u> </u>	☐ DELETÉ	5.1 TITLE	J1-2			Cha	ange	Addition		
NAME		<u></u>	5.2 NAME					-			
			5.3 STREE		ADDRESS						
STREET ADDRESS			5.4 CITY-S								
CITY-ST-ZIP			6.1 TITLE	*			☐ Cha	ange	Addition		
TITLE			6.2 NAME								
NAME			6.3 STREE		ADDRESS	•					
STREET ADDRESS	(UUUUNCE	~	2012.00						

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 feport 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 of trustee empewered 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TORSTURRE SUROSENTHAL,

954-784-9200