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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90224 039 ***150.00

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|----|------------------|---|----------|-----|----|---|
| 1. | Corporation Name | | - | | _ | ٠ |

E. RANDALL BEIDER, ATTORNEY, P. A.

Principal Place of Business

7800 W. OAKLAND PARK BLVD

Mailing Address

7800 W. OAKLAND PARK BLVD

| SUNRISE FL 33351 | SUNRISE FL 33351 | | | DO NOT WRITE IN THIS SPACE | | | |
|--|--|--------|---|---|--------------------------------|------------------------------------|--|
| | | | | 3. Date Incorporated or Qualifed 02/17/1971 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 8365 NW SI COURT | 26 P.O. BOX 8337 | | | NOT APPLICABLE | | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • | 75 Additional se Required | |
| City & State 23 CORAL SPRINGS FL | City & State | | テし | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip Country 24 33067 25 USA | | intry | A | This corporation owes the current year Inta Personal Property Tax. | ngible Yes | | |
| 9. Name and Address of Current | 10. Name and Address of New Registered Agent | | | | | | |
| BEIDER, E RANDALL 7800 WEST OAKLAND PARK BLVD | | | Name | | | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUNRISE FL 33351 | | 83 | | | | | |
| | | 84 | City | FL | 85 | Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of | and 607.1508, Florida Statutes, the a | d by i | -named corpo the corporation | pration submits this statement for the purpose of on's board of directors. I hereby accept the appoin | hangii tment | ng its registered as registered | |

| agent. | il latilitat the are the boy the obligation of cooking of the | | 1-15-00 | | | |
|---|---|--------------------|---|--|--|--|
| SIGNATURE | CE CO | | Partitional When reinstalling) DATE | | | |
| Signature, typed of printing material registance appropriate. | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P DELETE | 1.1 TITLE | | | | |
| NAME | BEIDER, E RANDALL | 1.2 NAME | BEIDEREKANDUL | | | |
| STREET ADDRESS | 7800 OAKLAND PK BV ST109 | 1.3 STREET ADDRESS | 150 × 153 × 1365 NW ST COOK) | | | |
| CITY-ST-ZIP | SUNRISE FL | 1.4 CITY-ST-ZIP | BEIDER, ERANDLL CORAL SPRINGS, FL 33067 | | | |
| THLE | ☐ OELETE | 2.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 2.2 NAME | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | } | | | |
| CITY-ST-ZIP | | 2. 4 CFTY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 3.2 NAME | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 4. 2 NAME | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | □ OELETE | 5.1 TITLE | Change Addition | | | |
| NAME | | 5.2 NAME | · | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | 6 2 NAME | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | |
| CiTY-ST-ZIP | | 6.4 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 chapter 4 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR