

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90034 038 ***150.00

DOCUMENT # 603643

1. Corporation Name
ISRAEL ABRAMS, P.A.



Principal Place of Business
2750 N. E. 187 ST.
AVENTURA FL 33180
US

Mailing Address
~~2750 N. E. 187 ST.~~
~~AVENTURA FL 33180~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1972

4. FEI Number
59-1402316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1550 NE. MIAMI GARDENS DRIVE

Suite, Apt. #, etc.

22 #200

City & State

23 N. MIAMI BEACH FLA.

Zip

24 33179

Country

25 Dade

Suite, Apt. #, etc.

City & State

Zip

29 Country

30

9. Name and Address of Current Registered Agent

ABRAMS, ISRAEL
2750 N. E. 187 ST.
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD ☐ DELETE

NAME ABRAMS, ISRAEL
STREET ADDRESS 2750 N. E. 187 ST.
CITY-ST-ZIP MIAMI FL

TITLE VTS ☐ DELETE

NAME BERGER, TERRY A
STREET ADDRESS 2750 NE 187 ST
CITY-ST-ZIP AVENTURA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1550 N. E. Miami Gardens Dr., #200
1.4 CITY-ST-ZIP North Miami Beach, FL 33179

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1550 N. E. Miami Gardens Dr., #200
2.4 CITY-ST-ZIP North Miami Beach, FL 33179

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ISRAEL ABRAMS, PRESIDENT

<01/22/99

Date

8305-949-2424

Daytime Phone #

CR2E034 (11/98)

0257917