## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUITE 125

26

27

28

29

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1500 SAN REMO AVENUE

CORAL GABLES FL 33146

Suite, Apt. #, etc.

2a. Mailing Address

City & State

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 604354 1. Corporation Name

25

WOLFSON, BERNARD 1500 SAN REMO AVENUE

**CORAL GABLES FL 33146** 

SUITE 125

BERNARD WOLFSON, P.A.

Principal Place of Business

1500 SAN REMO AVENUE

CORAL GABLES FL 33146

Suite, Apt. #, etc.

City & State

SÌGNATURE

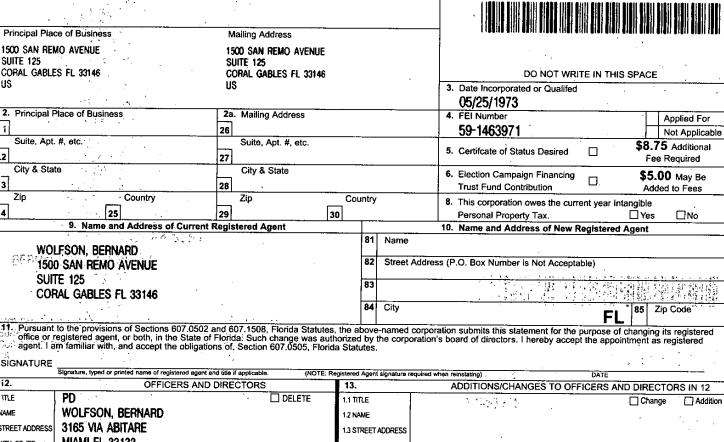
í2.

3

Principal Place of Business

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90033 019 \*\*\*150.00



OFFICERS AND DIRECTORS 13. TILE ☐ DELETE 1.1 TITLE ☐ Addition IAME WOLFSON, BERNARD 1.2 NAME STREET ADDRESS 3165 VIA ABITARE 1.3 STREET ADDRESS MIAMI FL 33133 ITY-ST-ZIP 1.4 CITY-ST-ZIP MLE. □ DELETE 2.1 TITLE Change Addition STARKMAN, MARK R JAME 2.2 NAME STREET ADDRESS 1500 SAN REMO, SUITE 125 2.3 STREET ADDRESS 'ITY-ST-ZIP CORAL GABLES FL 33146 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE ☐ Change ☐ Addition SCAPETUR AME 3.2 NAME 多被 持续的 法中 TREET ADDRESS 3.3 STREET ADDRESS ITY-ST-ZIP 3.4. CITY-ST-ZIP ITLE DELETE 4.1 TITLE IAME 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS ITY-ST-ZIP 4.4 CITY-ST-ZIP ITLE ☐ DELETE 5.1 TITLE ☐ Change . Addition 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 3-80 / 15:00 6.2 NAME AME TREET ADDRESS 6.3 STREET ADDRESS TY-ST-ZIP 6.4 CITY-ST-ZIP

Country

83

City

30

4. 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 of 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.

CR2E034