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Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90130 024 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999	COD WE				
DOCUMENT #	604586				

1. Corporation Name

CORPORATION NO	INTER, GLACKMAN & SOI	BEL, P.A			- }					
SUDEL, NU	MILIN GENORMEN TO SE							I IIII IIII IISI	I RIBIT BLOST BIBLI DI	\$   188
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Principal Place of	f Business				ļ					
2000 BISCAYNE E	BLVD	12000 BISCAYNE BLVD SUITE 402					DO NOT WRIT	E IN THIS S	PACE _	
JITE 402 ANIAM EL 22181					<u> </u>	3. Date Incorporated or Qualifed				
AMI FL 33191 US						08/08/1973			_	
\$						4. FEI Number			Applied	For
Dringing Place	e of Business	2a. Mailing Address			1	59-1479319	1		Not Ap	plicable
Principal Place of Business									\$8.75 Addi	
Suite Ant #	etc	Suite, Apt. #, etc.			1	5. Certificate of St	atus Desired		Fee Requir	ed
Suite, Apt. #, etc.						6. Election Campaign Financing			\$5.00 May Be	
City & State		City & State			1	Trust Fund Co	ntribution		Added to F	888
<del>-</del> 7		28				8. This corporation	n owes the curr	ent year Int	angible	1
3	Country	Zip	Countr	У	- }	Pareonal Pron	erty Tax.		VI 169 -	No
4	25	29 3	0			10. Name and Ad	dress of New F	Registered .	Agent	
	9. Name and Address of Curren	it Registered Agent		1 Name		10.				
			Ľ				- in Not Accent	ahle)		
SOBE	L, MARTIN		8	2 Street	Addres	s (P.O. Box Numb	BL IZ MOT VOCEDE			
12000	BISCAYNE BLVD, 402		-	3						
MAM	FL 33181			"					85 Zip Coo	
			1	34 City				FL	1 7	
•	o the provisions of Sections 607.056 egistered agent, or both, in the State n familiar with, and accept the obliga			_i		ation submits this	statement for the	purpose of	changing its re	gistered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: ND DIRECTORS	Registered #	Agent signature	required :	when reinstating) ADDITIONS/C	HANGES TO O	FFICERS A	ND DIRECTOR:	S IN 12 Addition
12.		☐ DELETE	1.1 TIT	Æ	l				-	
TITLE	PD MARTIN		1.2 NA	ME						
NAME	SOBEL, MARTIN 12000 BISCAYNE BLVD 402		1.3 ST	REET ADDRESS						_
STREET ADDRESS	l		1.4 CIT	Y-ST-ZIP	<b>↓</b>				Change	Addition Addition
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.1 TII	lE					_	
TITLE	VSD   GLACKMAN, ALAN S.(ASS'T)	1	2.2 NA	ME	1					
NAME	LOOK ON ANALE DIVID 400		2.3 ST	REET ADDRESS	3	00 (0.00)	FL _		••	-
STREET ADDRESS	MIAMI BEACH FL		2.4 C	TY-ST-ZIP		niani			Change	Additio
CITY-ST-ZIP	TD	☐ DELETE	3.1 77		1					
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( TITLE										
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this fitting 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 fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

E OF SIGNING OFFICER OR DIRECTOR

305-891-4440