

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

0186433

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90169 011 ***150.00

DOCUMENT # 604659

1. Corporation Name
ABRAMS, ABRAMS & ETTER, P.A.

Principal Place of Business
**800 BRICKELL AVENUE
SUITE 1115
MIAMI FL 33131**

Mailing Address
**800 BRICKELL AVENUE
SUITE 1115
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

09/07/1973

4. FEI Number

59-1509428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**ABRAMS, IRA, ESQ
701 BRICKELL KEY DR
#2204
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

Jeannie Etter

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

800 Brickell Ave. Suite #1115

83

84 City

Miami

FL

85 Zip Code

33131

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

Jeannie Etter
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **DS**

NAME **ABRAMS, IRA**

STREET ADDRESS **800 BRICKELL AVE #1115**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☐ DELETE

NAME **ABRAMS, BRENDA**

STREET ADDRESS **800 BRICKELL AVE #1115**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE

NAME **ABRAMS, BRENDA**

STREET ADDRESS **800 BRICKELL AVE #1115**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE **V** ☐ DELETE

NAME **ETTER, JEANNIE**

STREET ADDRESS **800 BRICKELL AVE #1115**

CITY-ST-ZIP **MIAMI FL 33131**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

DV
Jeannie Etter
800 Brickell Ave. #1115
MIAMI FL 33131

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:

Jeannie Etter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 (305) 539-9900

Date

Daytime Phone #

CR2E034 (11/98)