

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

DOCUMENT # **604659**
1. Corporation Name
ABRAMS, ABRAMS & ETTER, P.A.

FILED

99 APR 28 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
800 BRICKELL AVE SUITE 1115 MIAMI FL 33131 **SAME**

Amended Ar

3. Date Incorporated or Qualified **9/7/73**
4. FEI Number **59-1509428**
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

21	2a	2b	2c
Principal Place of Business	Mailing Address	City & State	Country
3109 GRAND AVE #139 COCONUT GROVE, FL 33133 USA	3109 GRAND AVE #139 COCONUT GROVE, FL 33133 USA	COCONUT GROVE, FL	USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
JEANNIE ETTER 800 BRICKELL AVE #1115 MIAMI FL 33131

81 Name **JENNIFER ABRAMS**
82 Street Address (P.O. Box Number is Not Acceptable) **1050 STILLWATER DR**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 607.02(2) and 607.1008, 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]*

4/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[] DELETE	11 TITLE	[] Change [] Addition
NAME	PRESIDENT: ADENDA ABRAMS	12 NAME	NO CHANGE except address
STREET ADDRESS	800 BRICKELL AVE #1115 MIAMI, FL 33131	13 STREET ADDRESS	3109 GRAND AVE #139 COCONUT GROVE FL 33133
CITY-ST-ZIP		14 CITY-ST-ZIP	VICE PRESIDENT: IRA ABRAMS
TITLE	[] DELETE	21 TITLE	3109 GRAND AVE #139 COCONUT GROVE FL 33133
NAME	JEANNIE ETTER	22 NAME	
STREET ADDRESS	800 BRICKELL AVE #1115 MIAMI FL 33131	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[] DELETE	31 TITLE	
NAME	SEC/TRES IRA ABRAMS	32 NAME	
STREET ADDRESS	800 BRICKELL AVE #1115 MIAMI FL 33131	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[] DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[] DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[] DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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[Signature]

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
305 867-1245

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