

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90018 026 ***150.00

**PROFIT CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 604943
1. Corporation Name
MICHAEL G. WIDOFF, P.A.

Principal Place of Business
**2929 EAST COMMERCIAL BLVD.
SUITE 501
FT. LAUDERDALE FL 33308**

Mailing Address
**2929 EAST COMMERCIAL BLVD.
SUITE 501
FT. LAUDERDALE FL 33308**

NEW ADDRESS

2. Principal Place of Business
21 **3210 NE 57 CT.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.

City & State
23 **FT. LAUDERDALE FL**
Zip Country
24 **33308** 25 **USA**

City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
01/01/1974

4. FEI Number
59-1508497
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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**WIDOFF (MICHAEL G.)
2929 E COMMERCIAL BLVD STE 501
FT. LAUDERDALE FL 33308
3210 NE 57 CT
FTL 33308**

10. Name and Address of New Registered Agent
81 Name **SAME**
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 <input type="checkbox"/> DELETE
NAME	WIDOFF, MICHAEL G.
STREET ADDRESS	2929 E COMMERCIAL BLVD 3210 NE 57 CT
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]*

CR2E034 (5/99)

604943
597784-9008-26

July 26, 1999

Florida Department of State
Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Corporation Annual Report

Dear Ms. Harris:

Enclosed please find my 1999 Annual Report with a check for \$150.00. When I received this notice, I called and spoke to "Carole." I indicated that I had retired February 1, 1999 and had not received a previous notice. My change of address may have caused this. Historically, I have always filed these forms in a timely fashion, but admittedly had office staff who did this. For whatever reason, I never received this notice and now that I have retired, have no more office staff and my accountant, who is in Chicago apparently did not receive this.

In light of my past dealings and in light of my change of address and retirement, I would appreciate your understanding and not penalize me for this excusable error.

Please note my new address since February 1, 1999 is:

Michael G. Widoff, P.A.
3210 N.E. 57th Court
Fort Lauderdale, FL 33308
Phone # (954) 776-5673

Thanks for your kindness and I sincerely feel that I should not be penalized in this instance.

Very truly yours,


Michael G. Widoff

MGW/lfw
ENC.