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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-22-1999 90141 050 ***150.00



DOCUMENT # 605556 1. Corporation Name

Principal Place of Business

DRS. HASTINGS, CHAIT & SCHROER, P.A.

7924 SW 104TH ST MIAMI FL 33156		7924 SW 104TH ST MIAMI FL 33156		DO NOT WRITE IN THIS S	PACE		
			•		Date Incorporated or Qualifed 01/01/1979		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	P	Applied For
21		26	26		59-1867993	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22		- 27	<u> </u>		3. Certificate of Status Desired		Required
City & State		City & State	¬ '		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip ──┐	Country	Zip	Country		8. This corporation owes the current year Intar	ngible □ Yes	□No
24	25	25 29 30 me and Address of Current Registered Agent			Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Hame and Addiess of fich Registered P.	<u> </u>	
HAS	TINGS, JOHN						
	SW 104TH ST		. 82	Street Addr	ress (P.O. Box Number is Not Acceptable)		}
MIAM FL 33156			83				
			84	City		85 Zip	Code
				•,	FL_		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	e-named corp	oration submits this statement for the purpose of clon's board of directors. I hereby accept the appoint	nanging it	ts registered registered
office or n agent, I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statute	ine corporati S.	on a board of directors, I hereby decept the appeare		
SIGNATURE	ν						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A				nt signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	OPS IN 12
12.	OFFICERS A	DELETE	1.1 TITLE			Change	
TITLE	SCHROER, ROBERT		1.2 NAME			_ ,	_
NAME	7924 S W 104TH ST			TADDRESS			1
STREET ADDRESS	MIAMI, FL 00000		1.4 CITY-1				1
CITY-ST-ZIP TITLE	P 00000	☐ DELETE	2.1 TITLE	11-ZIP		☐ Change	a Addition
NAME	HASTINGS, JOHN	<u></u>	2.2 NAME	1			
STREET ADDRESS	7924 S W 104TH ST		1	T ADDRESS			
	MIAMI, FL 00000		2.4 CMY-		•		
CITY-ST-ZIP	TS -	DELETE -	'3.1 TITLE		with the state of	☐ Change	Addition
NAME	CHAIT, JEFFREY	_	3.2 NAME	1			1
STREET ADDRESS	7924 S W 104TH ST			TADDRESS	,	4	1
CITY-ST-ZIP	MIAMI, FL 00000	•	3.4. CITY-				
TITLE	7,11,11,11,11,11	☐ DELETE	4.1 TITLE	-		Change	Addition
NAME		· —	4. 2 NAME		٠.		1
STREET ADDRESS			4.3 STREE	T ADDRESS			ļ
CITY-ST-ZiP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	1			1
STREET ADDRESS			5.3 STREE	T ADDRESS			{
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			ļ
TITLE		☐ DELETE	6.1 TITLE			Change	e 🔲 Addition
NAME			6.2 NAME				Ì

14. I hereby certify that the information supplied with this filling 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 supplied ental 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 trusteed annual report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppofficer or director of the corporation of Block 12 or Block 13 if changed, or or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP