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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 611987

MARGENAU & ASSOCIATES, P.A.

Principal Place of Business	Mailing Addres
9130 SUNSET DR	9130 SUNSET D
MIAMI FL 33173	MIAMI FL 33173
	110

Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90004 049 ***150.00



Principal Place	e of Business	Mailing Address						
9130 SUNSET DR		9130 SUNSET DR						
MIAMI FL 33173	1	MIAMI FL 33173 US		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
US		03			3. Date Incorporated or Qualifed			
					03/07/1979			
n Dringing D	face of Business	2a. Mailing Address			4 FEI Number		Applied For	
21 0 3/	SuncetDr	26 9 130 Surse	et Dr	ive	59-1885822		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	= _	5. Certificate of Status Desired	•	5 Additional Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	May Be	
23 Mia	mu, Fl	28 Mianu	FL_		Trust Fund Contribution	Adde	ed to Fees	
Zip 24 3317	Country Countr	^{Zip} 33173	Country 30	5Д <u>.</u>	8. This corporation owes the current year learning to the personal Property Tax.	☐ Yes	□No	
<u></u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
			81	Name				
	GENAU, CARL A		82	Street /	Address (P.O. Box Number is Not Acceptable)		···	
	SUNSET DR							
MIAN	/II FL 33173		83					
			84	City		. 85 Z	ip Code	
				1	corporation submits this statement for the purpose	L	·	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Fiori	da Statutes		oration's board of directors. I hereby accept the appropriate of the property			
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	II Signature II	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
12.	PD	DELETE	1.1 TITLE		ADDITIONS/OFFICIAL TO OFFICE ROS	Chang		
NAME	MARGENAV CARL		1.2 NAME		MARGENAU, CARL			
	9130 SUNSET DR			TADDRESS	MINITED STORY OF THE PARTY OF T			
STREET ADDRESS	MIAMI FL 33173		1.4 CITY-S		_			
CITY-ST-ZIP	MIMMI FL 331/3	☐ DELETE	2,1 TITLE	1-21		Chang	ge Addition	
TITLE			2.2 NAME	ļ				
NAME			2.3 STREE	T ADDRESS				
STREET ADDRESS			2.4 CITY-5					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	71-415		☐ Chang	ge Addition	
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS				
			3.4. CITY-5					
CITY-\$T-ZIP		☐ DELETE	4.1 TITLE			Chang	ge Addition	
NAME		_	4. 2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge 🗌 Addition	
NAME			5.2 NAME					

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

Change