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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90123 040 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 633129

1. Corporation Name

HOWARL) M. SILVERSTEIN, M.U., P.	A.					
Principal Place	e of Business	Mailing Address				ATE BIRIT MERIE BIRE M	INIL BINKI INNI
1800 W HILLSBORO BLVD 1800 W HILLSBORO BLVD							
SUITE 204 SUITE 204					DO NOT WESTE IN THIS SPACE		
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					08/17/1979		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26					-59-1929853		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	dditional
27					5. Certificate of Status Desired	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added to	Fees
	Zip Country Zip Col			*	8. This corporation owes the current year		
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Register		□No
	9. Name and Address of Current	. Registered Agent	81	Name	10. Name and Address of New Register	en Agont	
BERMAN, PHILIP M., ESQ.							
2424 NE 22ND STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33062			83				
			84	City	ı	=L 85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its regonated as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent	I and title if applicable. (NOTE: Re	gistered Ager	nt signature required	d when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETÉ	1.1 TITLE			☐ Change	☐ Addition
NAME	SILVERSTEIN, HOWARD M.		1.2 NAME				
STREET ADDRESS	1800 HILLSBORO BLVD.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CfTY-\$	T-ZIP		☐ Change	[Addition
TITLE		☐ DELETE 2.1 T			•	☐ Change	L Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	ST-ZIP		Change	Addition
TITLE			3.2 NAME				_
NAME STREET ADDRESS				TADDRESS			
			3.4. CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	71-211		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS	•		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	į		☐ Change	☐ Addition
1874NC			6.2 NAME			-	
STREET ADDRESS			6.3 STREET	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: