

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

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

03-02-1999 90145 016 \*\*\*158.75

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DOCUMENT # 647797

1. Corporation Name  
SERGEY ABRAMOFF, INC.

Principal Place of Business

1470 N.E.125 TERRACE  
SUITE PH5  
NORTH MIAMI FL 33161-2259

Mailing Address

1470 N.E.125 TERRACE  
SUITE PH5  
NORTH MIAMI FL 33161-2259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1979

4. FEI Number

59-1972978

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 622 N.W. 173rd Terrace  
Suite, Apt. #, etc.

2a. Mailing Address

26 622 N.W. 173rd Terrace  
Suite, Apt. #, etc.

22 Pembroke Pines, FL  
City & State

27 Pembroke Pines, FL  
City & State

23 33029 US  
Zip Country

28 33029 US  
Zip Country

24 33029 25 US

29 33029 30 US

9. Name and Address of Current Registered Agent

ABRAMOFF, SERVEY  
622 NW 173RD TERRACE  
STE 400  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

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 Sergey Abramoff, President

01-15-1999

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  
NAME ABRAMOFF, SERGEY  
STREET ADDRESS 622 NW 173RD TERR  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE S  
NAME HANSON, MURIEL S  
STREET ADDRESS 8230 NW-11TH CT  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP  
NAME ABRAMOFF, DOLORES M  
STREET ADDRESS 622 NW 173RD TERR  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-1999 954-438-4447

Date

Daytime Phone #

CR2E034 (11/98)