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**

DOCUMENT # 677699

1. Corporation Name

ZISKIND & ARVIN, P.A.

Principal Place of Business	Mailing Address	
444 BRICKELL AVENUE 906 MIAMI FL 33131	444 BRICKELL AVENUE 905 Miami Fl 33131	
US	U\$ 	3. Date Inco 07/07/1
2. Principal Place of Business	2a. Mailing Address	4. FEI Numb

May 07, 1999 8:00 am Secretary of State

05-07-1999 90162 008 ***150.00

905	AVENUL	905						
MIAMI FL 33131		MIAMI FL 33131			DO NOT WRITE IN THIS SPACE			
US		บร			3. Date Incorporated or Qualifed			
					07/07/1980			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For	
26				59-2026892		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red		
City & State	Δ	City & State			6. Election Campaign Financing	\$5.00	May Re	
23	•	28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year Intan	aible		
24	25	_ 	29 30		Personal Property Tax.			
24	9. Name and Address of Curre				10. Name and Address of New Registered Ag	ent		
	3. Hambana Madress S. Come		81	Name				
71SK	IND, J A ESQ							
	BRICKELL AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
905	DINONELL AVENUE		83					
	81 Et 20404		[83					
MIAN	A) FL 33131		84	City		85 Zip C	ode	
			-	'	FL_			
office or re	to the provisions of Sections 607.05/ egistered agent, or both, in the State m familiar with, and accept the obliga-	e of Florida. Such change was au	inorizea by	tne corporat	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint	ianging its nent as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered agr	and and adds of applicables (NOTE:	Donetered Ana	of exposture requir	red when reinstating) DATE			
		ND DIRECTORS	13.	it signatore requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	DP OF THE PROPERTY OF THE PROP	DELETE	1,1 TITLE			Change	Addition	
			1.2 NAME					
NAME	ZISKIND, DR. J. A.		1	* * * * * * * * * * * * * * * * * * * *				
STREET ADDRESS	8845 SCHOOL HOUSE RD.		8	TADDRESS				
CITY-ST-ZIP	MIAMI FL	[] politic	1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	VPD	☐ DELETE	2.1 TITLE			Onlange	☐ Modition	
NAME	arvin, Kenneth i Esq		2.2 NAME	}			,	
STREET ADDRESS	321 N.W. 110TH AVENUE		2.3 STREE	TADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		[Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	_			
τιπιε		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4, 2 NAME	ļ				
STREET ADDRESS				T ADDRESS				
1			4.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-41		Change	Addition	
TITLE			5.1 TITLE 5.2 NAME					
NAME	•			T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		- Dei ste	5.4 CITY-S 6.1 TITLE	1-ZIP		Change	Addition	
TITLE		☐ DELETE				Change		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CODY ST 7ID			6.4 CITY-S	T-ZIP				

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 supplemental annual report is too 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 enjoywered 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:

30 6 577 <u>4838</u>

CR2E034 (11/98)